

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000016045

1. Entity Name

O.C. BRAIDS & ASSOCIATES, LLC

Principal Place of Business

14216 BANBURY WAY
TAMPA FL 33624

Mailing Address

14216 BANBURY WAY
TAMPA FL 33624

36756

2. Principal Place of Business

9119 Corporate Lake Dr.

Suite, Apt. #, etc.

Suite 150

City & State

Tampa, FL

Zip

33634

Country

U.S.A.

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33624

Country

U.S.A.

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILLER, RANDELL M
315 SOUTH HYDE PARK AVENUE
TAMPA FL 33606

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE NAME ☐ Delete
President
O.C. Braids
STREET ADDRESS
14216 Banbury Way
CITY-ST-ZIP
Tampa, FL 33624

TITLE NAME ☐ Delete
Secretary
Elaine H. Braids
STREET ADDRESS
14216 Banbury Way
CITY-ST-ZIP
Tampa, FL 33624

TITLE NAME ☒ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

5/15/02 813-884-7600

Date

Daytime Phone #

CR2E083 (9/01)

FILED
Jun 25, 2002 8:00 am
Secretary of State

05-27-2002 90405 046 ****50.00



DO NOT WRITE IN THIS SPACE