

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90090 046 ****50.00

DOCUMENT # L01000000317

1. Entity Name

C.E. NATIONAL SERVICES AND MANAGEMENT GROUP, LLC

Principal Place of Business

**6115 N. ARMENIA AVENUE
TAMPA FL 33604**

Mailing Address

**6115 N. ARMENIA AVENUE
TAMPA FL 33604**

2. Principal Place of Business

10809 N. 56th Street

3. Mailing Address

10809 N. 56th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Temple Terrace FL

City & State

Temple Terrace FL

Zip

33617

Country

USA

Zip

33617

Country

USA

4. FEI Number

59-3694678

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CARREGAL, ALAN
6115 N. ARMENIA AVENUE
TAMPA FL 33604**

7. Name and Address of New Registered Agent

Name
Carregal, Alan
Street Address (P.O. Box Number is Not Acceptable)
10809 N. 56th Street
City
Temple Terrace FL Zip Code
33617

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

2-1-02

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	CARREGAL, ALAN	
STREET ADDRESS	6115 N. ARMENIA AVENUE	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	LITTLE, ANNE MARIE	
STREET ADDRESS	6115 N. ARMENIA AVENUE	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	10809 N. 56th Street	
CITY-ST-ZIP	Temple Terrace, FL 33617	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	10809 N. 56th Street	
CITY-ST-ZIP	Temple Terrace, FL 33617	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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

2-1-02

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

Date

Daytime Phone #

CR2E083 (9/01)