

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2003 8:00 am
Secretary of State

07-18-2003 90020 002 *****50.00

DOCUMENT # L01000001018

1. Entity Name

FLORIDA STRATEGIC GROUP, LLC



Principal Place of Business

**124 SOUTH FLORIDA AVENUE
SUITE 204
LAKELAND FL 33801**

Mailing Address

**PO DRAWER 3739
LAKELAND FL 33802**

2. Principal Place of Business

2910 Winter Lake Road

3. Mailing Address

Suite, Apt. #, etc.

City & State

Lakeland FL

City & State

4. FEI Number

59-3690981

Applied For

Not Applicable

Zip

33803

Country

USA

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**HILLEBREW, SAM H JR.
2830 WINTER LAKE RD
LAKELAND FL 33803**

Killebrew

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

7/14/03

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **P** ☐ Delete
NAME **SHEPP, DAVID A**
STREET ADDRESS **124 S FLORIDA AVE STE 204**
CITY-ST-ZIP **LAKELAND FL 33801**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE REQUIRED A. Shepp

7/14/03

(863) 668-8801

Date

Daytime Phone #

CR2E083 (4/03)