

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L01000003587

1. Entity Name

ISLAND BUSINESS BROKERS, LLC



FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90060 041 ****50.00

Principal Place of Business

1096 E. MALLORY STREET
PENSACOLA FL 32503

Mailing Address

1096 E. MALLORY STREET
PENSACOLA FL 32503

2. Principal Place of Business

6400 N. DAVIS HWY
Suite, Apt. #, etc. Suite 1

3. Mailing Address

6400 N. DAVIS HWY
Suite, Apt. #, etc. Suite 1

City & State

PENSACOLA, FL

City & State

PENSACOLA, FL

Zip

32504

Country

Zip

32504

Country

4. FEI Number

59-3702552

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

LIBERIS, CHARLES S
1610 BARRANCAS AVENUE
PENSACOLA FL 32501

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)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME REMBER, JIM
STREET ADDRESS 1096 E. MALLORY STREET
CITY-ST-ZIP PENSACOLA FL 32503

TITLE PRESIDENT
NAME JAMES H. REMBER
STREET ADDRESS 2386 S HOPE CREEK DR.
CITY-ST-ZIP PENSACOLA, FL 32504

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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

Date

Daytime Phone #

CR2E083 (10/02)