

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000003670

1. Entity Name

REACTIONSEARCH.COM, L.L.C.

Principal Place of Business

5017 MUIR WAY
LITHIA FL 33547

Mailing Address

5017 MUIR WAY
LITHIA FL 33547

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

4. FEE Number

59-3702312

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

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 date 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
MGR BOROFF, ROBERT L
STREET ADDRESS
5017 MUIR WAY
CITY-ST-ZIP
LITHIA FL 33547 ☐ Delete

TITLE NAME
MGR DAMASCHINO, JASON P
STREET ADDRESS
5017 MUIR WAY
CITY-ST-ZIP
LITHIA FL 33547 ☐ Delete

TITLE NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

TITLE NAME
MGR Damaschino, Jason P
STREET ADDRESS
1930 Hyde Street
CITY-ST-ZIP
San Francisco CA 94109 ☒ Change ☐ Addition

TITLE NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 #

813
4-25-2002 571-2919

DO NOT WRITE IN THIS SPACE



94990

CR2E083 (9/01)