

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90579 022 \*\*\*\*50.00

0058340

**DOCUMENT # L01000005151**

1. Entity Name  
**NORTHEAST HOUSING, LLC**



Principal Place of Business  
**101 40TH AVENUE NORTH  
ST. PETERSBURG FL 33703**

Mailing Address  
**101 40TH AVENUE NORTH  
ST. PETERSBURG FL 33703**

2. Principal Place of Business  
**6141 MEARS COURT**

3. Mailing Address  
**6141 MEARS COURT**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Clearwater, FL**

City & State  
**Clearwater FL**

4. FEI Number **06-1635388**

Applied For

Not Applicable

Zip  
**33760**

Country

Zip  
**33760**

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**LUDWISZEWSKI, PETER  
101 40TH AVENUE NORTH  
ST. PETERSBURG FL 33703**

**7. Name and Address of New Registered Agent**

Name **Robert D. Barclay**

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

**3839 4th St. N. Suite 570**

City **St. Petersburg**

**FL**

Zip Code  
**33703**

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

*Robert D. Barclay*

**4/30/03**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
LUDWISZEWSKI, PETER  
101 40TH AVENUE NORTH  
ST. PETERSBURG FL 33703** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
KOZAROV, PLAMEN  
% 9400 4TH STREET NORTH, SUITE 116  
ST. PETERSBURG FL 33702** ☐ 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  
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

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:**

*Plamen Kozarov* **Plamen Kozarov, Manager** **4/30/03** **(727) 409-6779**

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

Date

Daytime Phone #

CR2E083 (10/02)