

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90130 047 ****50.00

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

DOCUMENT # L01000005265

1. Entity Name
SECURED ENTERPRISES, LLC



Principal Place of Business
**4257 S. ATLANTIC AVENUE
DAYTONA BEACH, FL 32127**

Mailing Address
**4257 S. ATLANTIC AVENUE
DAYTONA BEACH, FL 32127**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

535 Carswell Ave
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 250608
Suite, Apt. #, etc.

City & State

Holly Hill FL
Zip **32117** Country

City & State

Holly Hill FL
Zip **32125-0608** Country **USA**

4. FEI Number

59-3708591

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BARTLETT, LAURENCE H
1800 W. INTERNATIONAL SPEEDWAY BLVD., STE
201
DAYTONA BEACH, FL 32114**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
VASILE, CARL
526 MASON AVE
DAYTONA BEACH, FL 32147 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
VASILE, TERESA
526 MASON AVE
DAYTONA BEACH, FL 32147 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
THORNTON, ROBERT
4257 ATLANTIC AVE
DAYTONA BEACH, FL 32124 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
THORNTON, CONME
4257 ATLANTIC AVE
DAYTONA BEACH, FL 32124 ☒ 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
535 Carswell Ave
Holly Hill FL 32117

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
535 Carswell Ave
Holly Hill FL 32117

TITLE
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☐ Change ☐ Addition

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☐ 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

4/21/03 386-253-4633

Date

Daytime Phone #

CR2E083 (10/02)