

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0017000

10/3

DOCUMENT # L01000005873

1. Entity Name

FOXBAY, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT -3 PM 12:04

4-10/3

Principal Place of Business

14326 MOON FLOWER DR.
TAMPA FL 33626

Mailing Address

14326 MOON FLOWER DR.
TAMPA FL 33626

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-1097693

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

FOX, JASON
14326 MOON FLOWER DR.
TAMPA FL 33626

7. Name and Address of New Registered Agent

Name

FOX JASON

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

14712 Waterchase Blvd

City

Tampa

FL

Zip Code

33626

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

9/24/03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME FOX, JASON
STREET ADDRESS 14326 MOON FLOWER DR
CITY-ST-ZIP TAMPA FL 33626

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME 14712 Waterchase Blvd
STREET ADDRESS Tampa FL 33626
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 500023674515
STREET ADDRESS 10/09/03--01070--023 **55.00
CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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)(l), 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 REQUIRED**

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

Date

Daytime Phone #

9/24/03

CP2E083 (4/03)

Edward D. Carlson
Paul A. Meissner^{1,2}
J. Larry Hirt²
Casey K. Carlson³
J. Kevin Hayslett²
Richard T. Gurley^{2,3}
Donald J. Magee³



The Law Offices of
**CARLSON
&
MEISSNER**

Personal Injury
Workers' Compensation
Criminal Defense
Social Security Disability

October 1, 2003

243
Debora S. Moss
Terri F. Cromley
Jason L. Fox^{4,5}
Sean M. Conahan
Martin J. Jones
Christopher G. Frey
Michael P. Loberg
Leslie J. Castro⁶

1. Board Certified Criminal Law
2. Also Licensed in CO
3. Also Licensed in IL
4. Also Licensed in NY
5. Also Licensed in NJ
6. Licensed in CO
TAX ID: 59-1547838

VIA CERTIFIED MAIL - RETURN
RECT#7001 2510.0005.0431 9626

Mr. Lee Yarbrough
Florida Dept. of State - Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Uniform Business Report Document#: L01000005873
Tracking#: 300022044663
FoxBay LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 OCT -3 PM 12:04

Dear Mr. Yarbrough:

Pursuant to our telephone conversation on September 29, 2003, I have enclosed the uniform business report and required check for \$55.00. As you can see by the enclosed receipt dated August 4, 2003, I attempted to pay the \$55.00 fee at that time on line, but the transaction was never processed. Therefore, please apply this payment to keep our company current.

Please call me if you should have any questions, and **thank you** for your assistance with this matter.

Sincerely,

Jason L. Fox, Esquire

JLF/cav
Enclosure

Respond To:

☒ 250 Belcher Road North, Suite 102
Clearwater, Florida 33765
727-443-1562 Fax 727-449-0258
Workers' Comp Fax 727-442-2219

☐ 7614 Massachusetts Avenue
New Port Richey, Florida 34653
727-847-2737
Fax 727-859-9727

<http://www.carlson-meissner.com>
email: cmfaw@tampabay.rr.com

☐ 1103 14th Street West
Bradenton, Florida 34205
941-747-3100
Fax 941-746-5995

30/3



Division of Corporations

Receipt

Your data entry is complete. This is your receipt page. Please print and retain this page for your records.

Document Number: **L01000005873**

Tracking Number: **300022044663**

The charge for your UBR is
\$55.00

If you want to review your document, use the browser back button to return to page 1 of the data entry. Use the browser forward button to come back to this page.

If you need to make a change, you must return to the Document Number/Pin Number page and start over. A new tracking number will be assigned.

If you have any questions, please contact our help desk at (850) 245-6939.

To proceed to pay for the UBR, press the CONTINUE button below.

By pressing the CONTINUE button, your UBR will be placed in processing and no additional UBRs may be filed for this corporation until this one is processed.

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