

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

L01000007273

10/2
000765

DOCUMENT # L01000007273

1. Entity Name

FLORIDA I & B. LLC



FILED

03 MAY 22 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

Mailing Address

STE 402
1005 GULF BLVD.
INDIAN ROCKS BEACH FL 33785

STE 402
1005 GULF BLVD.
INDIAN ROCKS BEACH FL 33785

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 59-3715417

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EHLIN, MICHAEL A
STE 402, 1005 GULF BLVD
INDIAN ROCKS BEACH FL 33785

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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
EHLIN, MICHAEL A
STE 402, 1005 GULF BLVD
INDIAN ROCKS BEACH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
000005445360
05/07/02 60003 024

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
EHLIN, THOMAS A
8960 ALABAMA ROAD
BLOOMINGTON MN ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
- \$47.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
EHLIN, CHARLES P
2920 WINNEBAGO ROAD
SARTELL MN ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Delete

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: *Michael A. Ehlin* REQUIRED: A. Ehlin

4/30/03

707 5597977

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

Date

Daytime Phone #

CR2E083 (10/02)

Attachment

88038987
101000007273

2da



**First American Title
Insurance Company**



Loretta Balch
Real Estate Specialist
Cell: (727) 439-7445

Dear Division of
Corporations,

Last year we paid twice.
See bank statement Attached.
Please use one of those for
payment this year as we
never requested a refund.

Thanks .. mail 1988

Phon 727 5597977

Largo Office
14100 Walsingham Road, Suite 14
Largo, Florida 33774
(727) 595-4527
Fax (727) 593-0551

Seminole Office
11240 Park Boulevard
Seminole, Florida 33772
(727) 393-7551 / Fax (727) 391-7879
email: lbalch@firstam.com