2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0100008422

Entity Name

INNOVATIVE CHURCH PRODUCTS, LLC



FILED
Apr 21, 2003 8:00 am
Secretary of State
04-21-2003 90129 005 ****50.00

Principal Plac	e of Busines	s	Mailing Address	Mailing Address							
A&B			8111 BLAIKIE COURT	A&B			• • •				
			A&B Sarasota FL 34240								
2. Principal Place of Business 3			3. Mailing Address	. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State	City & State		00 7700702				pplied For ot Applicable	7
Zip Country			Zip	Zip Country		5. Certificate	of Status Desired		\$5.00 Additional Fee Required		
6. Name and Address of Current Reg			Registered Agent	jistered Agent			7. Name and Address of New Registered Agent				
		TION SYSTEM		Name							
		INE ISLAND ROAD				Street Address (P.O. Box Number is Not Acceptable)					
	NTATION F										$\frac{1}{2}$
											-
					City			FL	Zip Cod	le	
			or the purpose of changing i	its register	ed office or regis	stered agent, or both	, in the State of Flo	rida. I am f	amiliar with,	and accept]
the obligat	tions of regist	ered agent.									
SIGNATURE	Signature, typed	or printed name of registered agent	and title if applicable. (No	DTE: Registere	ed Agent signature requ	uired when reinstating)		DATE			
			FILE I	NOWIII	FEE IS \$50.0	10					1
			Make Check Paya								
			D	ue By M	ay 1, 2003						
9.		MANAGING MEMBI	ERS/MANAGERS	10.			ADDITIONS/	CHANGES			1,
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STREET ADDRESS					EET ADDRESS						

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.

CITY-ST-ZIP

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

CITY-ST-ZIP

7 73

Daytime Phone #