

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000008607

1. Entity Name  
ADAPTIVE BUSINESS CONSULTING LLC



Principal Place of Business

5408 AVENUE SIMONE  
LUTZ FL 33549

Mailing Address

5408 AVENUE SIMONE  
LUTZ FL 33549

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip 33558

Country US

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip 33558

Country US

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name SAME

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

3-31-03

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME RUNG, PETER  
STREET ADDRESS 5408 AVENUE SIMONE  
CITY-ST-ZIP LUTZ FL 33549 33558

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
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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)(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 REQUIRED

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

Date

Daytime Phone #

3-31-03

8139488180

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

04-02-2003 90011 048 \*\*\*\*55.00

30047730



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3723619

Applied For

Not Applicable

5. Certificate of Status Desired

A

\$5.00 Additional Fee Required

CR2E083 (10/02)