

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

0019170

03-13-2002 90121 041 ****50.00

DOCUMENT # L01000009603

1. Entity Name

FRESHFLUSH LLC

Principal Place of Business

**721 LAKEVIEW RD.
 CLEARWATER FL 33756**

Mailing Address

**721 LAKEVIEW RD.
 CLEARWATER FL 33756**

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

59-3731220

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

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

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.

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 Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
Management Committee ☐ Delete
Schulman, Harry D.
721 Lakeview Road
Clearwater, FL 33756

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
Management Committee ☐ Delete
Gagliano, Richard J.
721 Lakeview Road
Clearwater, FL 33756

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
Management Committee ☐ Delete
Sheelen, Donald
721 Lakeview Road
Clearwater, FL 33756

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
Management Committee ☐ Delete
Golden, Vincent
721 Lakeview Road
Clearwater, FL 33756

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
Secretary ☐ Delete
Carstarphen, Lisa R.
721 Lakeview Road
Clearwater, FL 33756

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

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

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

TITLE
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 CITY-ST-ZIP ☐ Change ☐ Addition

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 CITY-ST-ZIP ☐ 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:

Lisa R. Carstarphen

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

Date

2/27/02

Daytime Phone #

(305) 816-6025

CR2E083 (9/01)