

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90132 030 ***150.00

DOCUMENT # L01000Q09676

1. Entity Name

RETAIL SITES, L.L.C.

Principal Place of Business

**C/O DONALD GOLLIHER
 15201 ROOSEVELT BOULEVARD, SUITE 101
 CLEARWATER FL 33760**

Mailing Address

**C/O DONALD GOLLIHER
 15201 ROOSEVELT BOULEVARD, SUITE 101
 CLEARWATER FL 33760**

2. Principal Place of Business

15201 Roosevelt Blvd.

3. Mailing Address

15201 Roosevelt Blvd.

Suite, Apt. #, etc.

Suite 101

Suite, Apt. #, etc.

Suite #101

City & State

CLEARWATER, FL

City & State

CLEARWATER, FL

Zip

33760

Country

Pinellas

Zip

33760

Country

Pinellas



DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**HERSEM, THOMAS G
 1421 COURT STREET, SUITE B
 CLEARWATER FL 33756**

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 **MGR** ☐ Delete
 NAME **GOLLIHER, DONALD**
 STREET ADDRESS **15201 ROOSEVELT BOULEVARD, STE. 101**
 CITY-ST-ZIP **CLEARWATER FL 33760**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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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)(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 #

3/27/02 727-532-4760

CR2E083 (9/01)