

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000009727

FILED  
Jan 19, 2003  
Secretary of State

Entity Name: HOMEOPATHY CENTRAL LLC

**Current Principal Place of Business:**

190-12 PARADISE BLVD  
INDIALANTIC, FL 32903

**New Principal Place of Business:**

**Current Mailing Address:**

190-12 PARADISE BLVD  
INDIALANTIC, FL 32903

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BECHER, WILLIAM D  
190-12 PARADISE BLVD.  
INDIALANTIC, FL 32903    US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title:                      MGRM                      ( ) Delete  
Name:                      RODIN, DAVID L  
Address:                      190-12 PARADISE BLVD  
City-St-Zip:                      INDIALANTIC, FL 32903

**ADDITIONS/CHANGES:**

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DAVID L. RODIN                      MGRM                      01/19/2003

\_\_\_\_\_ Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date