

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90017 020 ****50.00

DOCUMENT # L01000009985

1. Entity Name

EXECUTIVE COMPENSATION CONCEPTS, LLC



Principal Place of Business

**4014 GUNN HIGHWAY, SUITE 140
TAMPA FL 33624**

Mailing Address

**4014 GUNN HIGHWAY, SUITE 140
TAMPA FL 33624**

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 **59-3725554**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**COLEMAN, C. RANDOLPH ESQ
9250 BAYMEADOWS ROAD, SUITE 230
JACKSONVILLE FL 32256**

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. 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

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	MGRM		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	BAKER, GLENN	4014 GUNN HIGHWAY, SUITE 140	TAMPA FL 33624				
	MGRM		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	COLEMAN, C. RANDOLPH	7849 GROVETON HILLS PLACE	JACKSONVILLE FL 32256				
	MGRM		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	RIDGE, SCOTT	P.O. BOX 247	SWARTHMORE PA 19081-9978				
	MGRM		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	KENNY, LARRY	8321 OLD COURTHOUSE RD., SUITE 210	VIENNA VA 22182				
	MGRM		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	HANSEN, DAVE	155 WELLINGTON DRIVE	BLOOMINGDALE IL 60108				
	MGRM		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	PENCE, RALPH	112 FLINTSHIRE WAY	COPELL TX 75019				

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

Glenn S. Baker 3/6/03 813-264-0808

Date

Daytime Phone #

CR2E083 (10/02)