

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90966 009 ***150.00

DOCUMENT # L 010000 10351

1. Entity Name
CUVE, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>479 TURTLE CIRCLE</u> Suite, Apt. #, etc.	3. Mailing Address <u>479 TURTLE CIRCLE</u> Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State <u>SATELLITE BEACH, FL</u>	City & State <u>SATELLITE BEACH, FL</u>	4. FEI Number <u>59-3730459</u>	Applied For <input type="checkbox"/> Not Applicable
Zip <u>32937</u>	Country <u>USA</u>	Zip <u>32937</u>	Country <u>USA</u>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
JAMES P. HOLLI'S

Street Address (P.O. Box Number is Not Acceptable)
479 TURTLE CIRCLE

City SATELLITE BEACH **FL** **Zip Code** 32937

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 James P. Hollis Executive Manager James P. Hollis 3/22/02
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐
(See criteria on back)

**January 1 - May 1: Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$87.25
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			
TITLE <u>EXECUTIVE MANAGER</u>	NAME <u>JAMES P. HOLLI'S</u>	TITLE	NAME
STREET ADDRESS <u>479 TURTLE CIRCLE</u>	CITY - ST - ZIP <u>SATELLITE BEACH, FL 32937</u>	STREET ADDRESS	CITY - ST - ZIP
TITLE <u>ASSISTANT EXECUTIVE MANAGER</u>	NAME <u>LINDA G. HOLLI'S</u>	TITLE	NAME
STREET ADDRESS <u>479 TURTLE CIRCLE</u>	CITY - ST - ZIP <u>SATELLITE BEACH, FL 32937</u>	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	DO NOT WRITE IN THIS SPACE	
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TITLE	NAME		
STREET ADDRESS	CITY - ST - ZIP		

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: James P. Hollis Executive Manager 3/22/02 321-719-0442
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034B (12/01)