

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 16, 2002 8:00 am**  
**Secretary of State**

01-16-2002 90216 001 \*\*\*\*50.00  
 01-16-2002 90216 002 \*\*\*\*\*5.00

**DOCUMENT # L01000011219**

1. Entity Name

**DANIEL P ROSSI CONSULTING, L.L.C.**

Principal Place of Business

**344**  
~~340-A~~ **BROOKS STREET**  
**FORT WALTON BEACH FL**

Mailing Address

**344**  
~~340-A~~ **BROOKS STREET**  
**FORT WALTON BEACH FL**

**10008**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**344 Brooks ST**  
 Suite, Apt. #, etc.  
**NA**

3. Mailing Address

**344 Brooks ST**  
 Suite, Apt. #, etc.  
**NA**

City & State

**FORT WALTON Bch**

City & State

**FORT WALTON Bch**

4. FEI Number

**59-3748752**

Applied For

Not Applicable

Zip

**32548**

Country

**OKALOOSA**

Zip

**32548**

Country

**OKALOOSA**

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**CAMPBELL, DANIEL C**  
**420 EAST PINE AVENUE**  
**CRESTVIEW FL 32539**

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	Delete
	<b>MGRM P.</b>			<input checked="" type="checkbox"/>
	<b>DANIEL P. ROSSI CONSULTING LLC</b>			
	<b>340-A BROOKS STREET</b>	<b>344</b>		
	<b>FORT WALTON BEACH FL</b>			
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	<b>MGRM</b>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<b>DANIEL P. ROSSI CONSULTING LLC.</b>				
	<b>344 Brooks ST</b>				
	<b>FORT WALTON Bch FL</b>				
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

*Daniel P. Rossi*

**DANIEL P. ROSSI**

**1.9.02 (850) 243-1966**

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

Date

Daytime Phone #

CR2E083 (9/01)