

2002 UNIFORM BUSINESS REPORT (UBR)

7/8/

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

07-08-2002 90238 017 ****50.00

DOCUMENT # L01000011575

1. Entity Name

CAMPAIGN VICTORY CONSULTANTS LLC

(P)

Principal Place of Business

Mailing Address

10461 NORTH LAKE VISTA CIRCLE
 DAVIE FL 33328

10461 NORTH LAKE VISTA CIRCLE
 DAVIE FL 33328

40043



DO NOT WRITE IN THIS SPACE

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

65-1137556

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAMUELS, LORI
 10461 NORTH LAKE VISTA CIRCLE
 DAVIE FL 33328

Name **Lori L Samuels**

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 Department of State
 Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **Lori L Samuels** ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE **Manager** ☐ Delete
 NAME **Lori L Samuels**
 STREET ADDRESS **10461 N Lake Vista Circle**
 CITY-ST-ZIP **Davie FL 33328**

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

TITLE ☐ Delete
 NAME
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☐ Change ☐ Addition
 TITLE
 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:

Lori L Samuels

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

7-3-02

Date

954-370-9118

Daytime Phone #

CR2E083 (4/02)