

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2003 8:00 am
Secretary of State

03-06-2003 90002 021 ****50.00

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1. Entity Name
EB&B PROPERTIES, LLC



Principal Place of Business

**4801 ULMERTON ROAD
CLEARWATER FL 33762**

Mailing Address

**4801 ULMERTON ROAD
CLEARWATER FL 33762**

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 **59-3732448**

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

**EVANS, CARL
4801 ULMERTON RD.
CLEARWATER FL 33762**

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	<input type="checkbox"/> Delete
	MGR	EVA-TONE INC.	4801 ULMERTON RD. CLEARWATER FL 33762	<input type="checkbox"/>
	MGRM	EVANS, CARL	2823 BRANCH CREEK AVE. CLEARWATER FL 33760	<input type="checkbox"/>
	MGRM	EVANS, MARK W	9502 120TH LANE SEMINOLE FL 33772	<input type="checkbox"/>
	MGRM	EVANS, KIM	8594 CR 623 BUSHNELL FL 33513	<input type="checkbox"/>
	MGRM	BABCOCK, SUSAN	12445 94TH AVE. N SEMINOLE FL 33772	<input type="checkbox"/>
	MGRM	BALL, LINDA	820 HUNTER RD. GLENVIEW IL 60025	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<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:

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

Date

Daytime Phone #

CARL EVANS, MANAGING MEMBER **3/4/03** **727-572-7000**

CR2E083 (10/02)