

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

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90033 022 ****50.00

DOCUMENT # L01000012446
1. Entity Name
BIZMARK DESIGN, LLC ✓



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1243 FAIRWAY GREENS DR
Suite, Apt. #, etc.

3. Mailing Address
1243 FAIRWAY GREENS DR
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
SUN CITY CENTER FL

City & State
SUN CITY CENTER FL

4. FEI Number
412036693

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

Zip
33573 Country
USA Zip
33573 Country
USA

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
ROBERT W FLEURY

Street Address (P.O. Box Number is Not Acceptable)
1243 FAIRWAY GREENS DRIVE

City
SUN CITY CENTER FL Zip Code
33573

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 Robert W Fleury ROBERT W FLEURY DATE 4/11/03

Signature, typed or printed name of registered agent and title if applicable.

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MGRM</u> <u>ROBERT W FLEURY</u> <u>1243 FAIRWAY GREENS DR</u> <u>SUN CITY CENTER FL 33573</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MGRM</u> <u>DENNIS STASZAK</u> <u>255 MICHELS ON RD</u> <u>ROCHESTER MI 48307</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MGRM</u> <u>ANN M FLEURY</u> <u>1243 FAIRWAY GREENS DR</u> <u>SUN CITY CENTER FL 33573</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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CR2E085B (12/02)

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: Robert W Fleury ROBERT W FLEURY DATE 4/11/03 813-634-2232

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #