2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 15, 2002 8:00 am
Secretary of State
09-15-2002 90091 013 ****50.00

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DOCUMENT # L01000012951

1. Entity Name
MU-LBS, LLC

Principal Place of Business	Mailing Address
1000 ALBAMONTE COURT OVIEDO FL 32765	1000 ALBAMONTE COURT OVIEDO FL 32765

980730

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
32850 Lakeshore Dr			
Suite, Apt. #, etc.		Suite, Apt. LINDA B SPENCER, Ph.D. 32850 LAKESHORE DR.	
City & State Tavares FL		City & State TAVARES, FL 32778-5034	
Zip 32850	Country USA	Zip	Country

4. FEI Number 60 0000 381 ☐ 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
SPENCER, LINDA B 1000 ALBAMONTE COURT OVIEDO FL 32765	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 LBSpencer Linda Spencer, mgr 7-30-02
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 NAME STREET ADDRESS CITY-ST-ZIP	MGR SPENCER, LINDA B 1000 ALBAMONTE COURT OVIEDO FL 32765	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition 32850 Lakeshore Dr Tavares FL 32778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR QUAIL, LORENE 1000 ALBAMONTE COURT OVIEDO FL 32765	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition 700 N. Belfast Place Chuluota, FL 32766
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (4/02)

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: SIGNATURE REQUIRED LBSpencer mgr Linda Spencer 7-30-02 352-343 4044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #