

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 11, 2002 8:00 am
Secretary of State

04-02-2002 90981 004 ****50.00

DOCUMENT # L01000014427

1. Entity Name
SBA SERVICES, LLC

Principal Place of Business
P.O. BOX 268
MIDDLEBURG FL 32050-0268

Mailing Address
P.O. BOX 268
MIDDLEBURG FL 32050-0268

2. Principal Place of Business

4841 Saddlehorn Trail
 Suite, Apt. #, etc.

3. Mailing Address

4841 Saddlehorn Trail
 Suite, Apt. #, etc.

City & State
Middleburg FL
 Zip
32068 Country
USA

City & State
Middleburg FL
 Zip
32068 Country
USA

4. FEI Number
59-3740853

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

TERRY, TIM E
4841 SADDLEHORN TRAIL
MIDDLEBURG FL 32068

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Tim E. Terry**
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

July 9, 2002
 Date

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE **OWNER / MEMBER** ☐ Delete
 NAME **Tim E. Terry**
 STREET ADDRESS **4841 SADDLEHORN TRAIL**
 CITY-ST-ZIP **Middleburg, FL 32068**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☒ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition

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

Date

Daytime Phone #

CR2E083 (4/02)