

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90242 020 ****50.00

DOCUMENT # L01000014741

1. Entity Name

BREVARD INJURY ASSOCIATES, LLC

Principal Place of Business

**5291 57TH AVENUE NORTH
 ST. PETERSBURG FL 33709**

Mailing Address

**5291 57TH AVENUE NORTH
 ST. PETERSBURG FL 33709**

040000

2. Principal Place of Business

101 East Kennedy Blvd.

3. Mailing Address

101 East Kennedy Blvd

Suite, Apt. #, etc.

Suite 1265

Suite, Apt. #, etc.

Suite 1265

City & State

Tampa, Florida

City & State

Tampa, Florida

Zip

33602

Country

USA

Zip

33602

Country

USA

4. FEI Number

59-3745054

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**CLEMENTS, ROBERT G
 37 N. ORANGE AVE., STE. 500
 ORLANDO FL 32801**

7. Name and Address of New Registered Agent

**Richard Turk
 Street Address (P.O. Box Number is Not Acceptable)
 611 Broadway Avenue**

City **ORLANDO**

FL

Zip Code

32803

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

Richard Turk

1/18/01
 DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **GARY SMITH** ☐ Delete
 NAME **MANAGER**
 STREET ADDRESS **101 EAST KENNEDY BLVD**
 CITY-ST-ZIP **SUITE 1265 TAMPA FL 33602**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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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

CR2E083 (9/01)

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** **Richard Turk** **1/18/01** **8132099789**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING/MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #