

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2003 8:00 am**  
**Secretary of State**

01-30-2003 90043 049 \*\*\*\*\*50.00

**DOCUMENT # L01000016697**

1. Entity Name

**CRI B&D, LLC**



Principal Place of Business

**110 EAST STREET, SUITE B  
TAMPA FL 33602**

Mailing Address

**110 EAST STREET, SUITE B  
TAMPA FL 33602**

2. Principal Place of Business

3. Mailing Address

**C/O 6508 E. FOWLER AVE.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**TAMPA, FL**

Zip

Country

Zip

**33617**

Country

4. FEI Number

**59-3749031**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCINTOSH, ANDREW L  
% PIPER MARBURY RUDNICK & WOLFE LLP  
101 EAST KENNEDY BOULEVARD, SUITE 2000  
TAMPA FL 33602**

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 **P** ☐ Delete  
NAME **WACKSMAN, BEN**  
STREET ADDRESS **110 EAST ST., STE B**  
CITY-ST-ZIP **TAMPA FL 33602**

TITLE **MGRM** ☐ Change ☒ Addition  
NAME **DONALD WALLACE**  
STREET ADDRESS **6130 LAST DAYS BOULEVARD**  
CITY-ST-ZIP **SEFFNER, FLORIDA 33584-2968**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MGRM** ☐ Change ☒ Addition  
NAME **BENJAMIN WACKSMAN**  
STREET ADDRESS **110 EAST STREET NORTH**  
CITY-ST-ZIP **TAMPA, FLORIDA 33602-4108**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

**BEN WACKSMAN**

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

Date

Daytime Phone #

**1/27/03**

CR2E083 (10/02)