

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90054 033 \*\*\*\*\*50.00

**DOCUMENT # L01000016907**

**1. Entity Name**  
**OPS HOLDINGS, LLC**

**Principal Place of Business**

**1815 N US HWY #1**  
**ORMOND BEACH FL 32174**

**Mailing Address**

**1815 N US HWY #1**  
**ORMOND BEACH FL 32174**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number**

**59-3673443**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$5.00 Additional**  
**Fee Required**

**6. Name and Address of Current Registered Agent**

**MOSES, MICHAEL R**  
**1815 N US HWY #1**  
**ORMOND BEACH FL 32174**

**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.**

**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 Department of State**  
**Due By May 1, 2002**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE** PRESIDENT, MGR ☐ Delete  
**NAME** LAWSON, WILLIAM  
**STREET ADDRESS** 1815 N. US. HWY #1  
**CITY-ST-ZIP** ORMOND BEACH, FL 32174

**TITLE** VICE PRESIDENT, MGR ☐ Delete  
**NAME** PORTA, SCOTT  
**STREET ADDRESS** 1815 N. US HWY #1  
**CITY-ST-ZIP** ORMOND BEACH, FL 32174

**TITLE** SECRETARY, TREASURER MGR ☐ Delete  
**NAME** MOSES, MICHAEL R  
**STREET ADDRESS** 1815 N. US HWY #1  
**CITY-ST-ZIP** ORMOND BEACH, FL 32174

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**10. ADDITIONS/CHANGES**

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

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**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:** MICHAEL R MOSES (MICHAEL R MOSES) 2/4/02 386 676-7685

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

Date

Daytime Phone #

CR2E083 (9/01)