

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90574 048 \*\*\*\*50.00

<b>DOCUMENT # L01000017043</b> 1. Entity Name <b>LATVALA, COLEY AND COMPANY, LLC</b>																							
Principal Place of Business <b>712 WEST PLATT ST. TAMPA, FL 33606</b>		Mailing Address <b>712 WEST PLATT ST. TAMPA, FL 33606</b>																					
2. Principal Place of Business <b>109 Phillips Way</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>P.O. Box 488</b> <small>Suite, Apt. #, etc.</small>																					
City & State <b>Palm Harbor, FL</b> Zip <b>34683</b>		City & State <b>Palm Harbor, FL</b> Zip <b>34682</b>																					
Country <b>U.S.A.</b>		Country <b>U.S.A.</b>																					
4. FEI Number <b>59-3743084</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																					
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		<input checked="" type="checkbox"/> CHECK HERE IF MAKING CHANGES																					
6. Name and Address of Current Registered Agent <b>LATVALA, WOODROW J 712 WEST PLATT ST. TAMPA, FL 33606</b>		7. Name and Address of New Registered Agent Name <b>Woodrow J. Latvala</b> Street Address (P.O. Box Number is Not Acceptable) <b>109 Phillips Way</b> City <b>Palm Harbor</b> FL Zip Code <b>34683</b>																					
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 <u><i>Woodrow J. Latvala</i></u> DATE <b>04/28/03</b> <small>(Signature, typed or printed name of registered agent and limited liability company. (NOTE: Registered Agent signature required when re-registering))</small>																							
FILE NOW WITH FEES \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003																							
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">MGR</td> <td style="width: 30%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LATVALA, WOODROW J</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>35111 U.S. HWY. 19 NORTH, #104</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PALM HARBOR, FL 34684</td> <td></td> </tr> </table>		TITLE	MGR	<input type="checkbox"/> Delete	NAME	LATVALA, WOODROW J		STREET ADDRESS	35111 U.S. HWY. 19 NORTH, #104		CITY-ST-ZIP	PALM HARBOR, FL 34684		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>109 Phillips Way</b></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>Palm Harbor FL 34683</b></td> </tr> </table>		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS	<b>109 Phillips Way</b>	CITY-ST-ZIP	<b>Palm Harbor FL 34683</b>
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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 606, Florida Statutes.																							
SIGNATURE: <u><i>Woodrow J. Latvala</i></u>		DATE: <b>04/28/03</b>																					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DAYTIME PHONE # <b>727-772-8233</b>																					

CR2E083 (10/02)