

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90117 013 \*\*\*\*50.00

0076467

**DOCUMENT # L01000017273**

1. Entity Name

**SUMNER & FRANCISE HOLDINGS, LLC**



Principal Place of Business

**802 W. DR. MLK JR. BLVD., SUITE D  
PLANT CITY FL 33566**

Mailing Address

**802 W. DR. MLK JR. BLVD., SUITE D  
PLANT CITY FL 33566**

2. Principal Place of Business

**104 N. Evers Street**

3. Mailing Address

**104 N. Evers Street**

Suite, Apt. #, etc.  
**Suite 202**

Suite, Apt. #, etc.  
**Suite 202**

City & State  
**Plant City**

City & State  
**Plant City**

Zip  
**33563**

Country  
**USA**

Zip  
**33563**

Country  
**USA**

4. FEI Number **59-3753322**

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

**HOLCOMB, VICTOR W  
106 SOUTH TAMPANIA AVENUE, SUITE 200  
TAMPA FL 33609**

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

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

TITLE **P**  Delete  
NAME **FRANCISE, NAHEEM**  
STREET ADDRESS **602 W LUMSDEN**  
CITY-ST-ZIP **BRANDON FL 33511**

TITLE **S**  Delete  
NAME **SUMNER, RONNIE**  
STREET ADDRESS **3807 S NINE DRIVE**  
CITY-ST-ZIP **VALRICO FL 33594**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 **P**  Change  Addition  
NAME **Francise, Naheem**  
STREET ADDRESS **409 Lutie Drive**  
CITY-ST-ZIP **Valrico, FL 33594**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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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: *Naheem* **NAHEEM**

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

*4-13-03*

Date

Daytime Phone #

CR2E083 (10/02)