

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 25, 2002 8:00 am**  
**Secretary of State**

06-25-2002 90441 044 \*\*\*\*55.00

**DOCUMENT # L01000017854**

1. Entity Name

**AMERICAN AND COMMONWEALTH BUSINESS DEVELOPMENT, LLC**

Principal Place of Business

**2137 MICHELLE DRIVE  
SARASOTA FL 34231**

Mailing Address

**2137 MICHELLE DRIVE  
SARASOTA FL 34231**

969557



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**704 S. TAMiami TRAIL  
Suite, Apt. #, etc.**

3. Mailing Address

**704 S. TAMiami TRAIL  
Suite, Apt. #, etc.**

City & State

**Osprey, FL**

City & State

**Osprey FL**

4. FEI Number

**65-1146611**

Applied For

Not Applicable

Zip

Country

**34229**

**USA**

Zip

Country

**34229**

**USA**

5. Certificate of Status Desired

☒

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**FORD, ROY**

**2137 MICHELLE DRIVE  
SARASOTA FL 34231**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**704 S. TAMiami TRAIL**

City

**Osprey**

**FL**

Zip Code

**34229**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
FORD, ROY  
2137 MICHELLE DRIVE  
SARASOTA FL 34231** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
FORD, ROY  
704 S. TAMiami TRAIL  
Osprey, FL 34229** ☒ Change ☐ Addition

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

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

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

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

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

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.