

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

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90032 046 ****50.00

DOCUMENT # L01000017854



1. Entity Name
**AMERICAN AND COMMONWEALTH BUSINESS DEVELOPMENT,
LLC**

Principal Place of Business

**704 S TAMiami TRAIL
OSPREY FL 34229
US**

Mailing Address

**704 S TAMiami TRAIL
OSPREY FL 34229
US**

2. Principal Place of Business

3. Mailing Address

8841 Huntington Pt. Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Sarasota, FL

4. FEI Number **65-1146611**

Applied For

Not Applicable

Zip

Country

34238-4112

Country **USA**

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FORD, ROY
704 S TAMiami TRAIL
OSPREY FL 34229**

Name

Ford, Roy

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

8841 Huntington Pointe Drive

City

Sarasota

FL

Zip Code

34238-4112

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 **MGR** ☐ Delete
NAME **FORD, ROY**
STREET ADDRESS **704 S TAMiami TRAIL**
CITY-ST-ZIP **OSPREY FL 34229**

TITLE ☒ Change ☐ Addition
NAME **Ford, Roy**
STREET ADDRESS **8841 Juntington Pointe Drive**
CITY-ST-ZIP **Sarasota, FL 34238-4112**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: _____

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

Date

Daytime Phone #

CR2E083 (10/02)