## 2002 UNIFORM BUSINESŞ REPORT (UBR)

## FILED May 30, 2002 8:00 am Secretary of State 05-07-2002 90391 010 \*\*\*\*50.00

Daytime Phone #

DOCUMENT # L01000019333 SO PROPERTIES, LLC Principal Place of Business Mailing Address 8320 VENTURE DRIVE 6320 VENTURE DRIVE SUITE #104 **SUITE #104 BRADENTON FL 34202** 89817 **BRADENTON FL 34202** 2. Principal Place of Business 3. Mailing Address Sulte, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Ζiρ Country Not Applicable Ziρ Country 5. Certificate of Status Desired \$5.00 Additional 6. Name and Address of Current Registered Agent Fee Required 7. Name and Address of New Registered Agent SEYER, RICK 6320 VENTURE DRIVE Street Address (P.O. Box Number is Not Acceptable) **SUITE #104 BRADENTON FL 34202** City 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) OATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS 10. TITLE ADDITIONS/CHANGES **MCRM** Delete NAME SEYER, RICK ☐ Change ☐ Addition NAME 10/6 STREET ADDRESS 6320 VENTURE DRIVE #104 STREET ADDRESS CITY-ST-ZIP CR2E083 <u>Bradenton Fl 34202</u> CITY-ST-ZIP TITLE ☐ Delete TITL F NAME ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE - 🗔 Delete TITLE NAME -- Change -Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP TITLE Deleta TITLE NAME ☐ Change ☐ Addition STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; 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:

IG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE