

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

02-21-2003 90021 043 \*\*\*\*50.00

**DOCUMENT # L01000019413**

1. Entity Name

**EXCELLENT BOOKKEEPING SERVICE, LLC**



Principal Place of Business

**308 SPRINGDALE DRIVE  
BRADENTON FL 34210**

Mailing Address

**308 SPRINGDALE DRIVE  
BRADENTON FL 34210**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **APPLIED FOR**

Applied For  
☒ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**LANFORD, ALLISON  
308 SPRINGDALE DRIVE  
BRADENTON FL 34210**

7. Name and Address of New Registered Agent

Name **Allison M. Page**  
Street Address (P.O. Box Number is Not Acceptable)  
**308 Springdale Dr.**  
City **Bradenton** FL Zip Code **34210**

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 **Allison M. Page**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**1/6/03**

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 **MGR**  
NAME **LUCAS, KIMBERLY K**  
STREET ADDRESS **2417 19TH AVE WEST**  
CITY-ST-ZIP **BRADENTON FL 34205**  
☒ Delete

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10. ADDITIONS/CHANGES

TITLE **MGRM**  
NAME **Allison M. Page**  
STREET ADDRESS **308 Springdale Dr.**  
CITY-ST-ZIP **Bradenton, FL 34210**  
☐ Change ☒ Addition

TITLE  
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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 608, Florida Statutes.

SIGNATURE: **Allison M. Page**

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

**1/6/03 941-739-9808**

Date

Daytime Phone #

CR2E083 (10/02)