

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90234 040 \*\*\*\*50.00

**DOCUMENT # L01000020061**

1. Entity Name

**DIPUB, LLC**



Principal Place of Business

**1401 MANATEE AVENUE WEST, STE. 910  
BRADENTON FL 34205**

Mailing Address

**1401 MANATEE AVENUE WEST, STE. 910  
BRADENTON FL 34205**

2. Principal Place of Business

**1401 MANATEE AVENUE WEST**

3. Mailing Address

**1401 MANATEE AVENUE WEST**

Suite, Apt. #, etc.

**SUITE 910**

Suite, Apt. #, etc.

**SUITE 910**

City & State

**BRADENTON FLORIDA**

City & State

**BRADENTON FLORIDA**

Zip

**34205**

Country

**USA**

Zip

**34205**

Country

**USA**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MURRELL, FREDERICK J  
1401 MANATEE AVENUE WEST, STE. 910  
BRADENTON FL 34205**

7. Name and Address of New Registered Agent

Name  
**FREDERICK J. MURRELL**

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

**1401 Manatee Ave W Ste 910**

City  
**Bradenton**

**FL**

Zip Code  
**34205**

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]*

**FREDERICK J. MURRELL**

**01/08/2003**

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	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>MURRELL, FREDERICK J</b>	
STREET ADDRESS	<b>1401 MANATEE AVENUE WEST, STE. 910</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34205</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	<b>MEMBER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KEVIN A. MARSHBURN</b>	
STREET ADDRESS	<b>1401 MANATEE AVE W STE 910</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34205</b>	
TITLE	<b>MEMBER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BILL SANDS</b>	
STREET ADDRESS	<b>1401 MANATEE AVE W STE 910</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34205</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]*

**FREDERICK J. MURRELL**

**01/08/2003 (941) 741-8906**

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

Date

Daytime Phone #

CR2E083 (10/02)