

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

01-21-2003 90323 001 \*\*\*\*50.00

**DOCUMENT # L01000020074**

1. Entity Name  
**STAAB AND STAAB REAL ESTATE LLC**



Principal Place of Business

**9840 CHAPEL TRAIL  
FRISCO TX 75034**

Mailing Address

**9840 CHAPEL TRAIL  
FRISCO TX 75034**

2. Principal Place of Business

**13161 TANJA KING BLVD**

Suite, Apt. #, etc.

City & State  
**ORLANDO, FL**

Zip  
**32828**

Country  
**ORANLE**

3. Mailing Address

**13161 TANJA KING BLVD**

Suite, Apt. #, etc.

City & State  
**ORLANDO, FL**

Zip  
**32828**

Country  
**ORANLE**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **02-0558064**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MCCAULEY, MELISSA  
1020 WARD CIRCLE  
OVIEDO FL 32765**

7. Name and Address of New Registered Agent

Name **JOHN STAAB**

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

**14024 CHICORA CROSSING BLVD**

City **ORLANDO**

**FL**

Zip Code  
**32828**

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 **JOHN STAAB - PRESIDENT**

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

(NOTE: Registered Agent signature required when reinstating)

**1/15/2003**

DATE

**FILE NOW!!! FEES \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete  
NAME **STAAB, JOHN**  
STREET ADDRESS **9840 CHAPLE TR**  
CITY-ST-ZIP **FRISCO TX 25034**

TITLE **MGRM** ☐ Delete  
NAME **STAAB, DEBORAH**  
STREET ADDRESS **9840 CHAFEL TR**  
CITY-ST-ZIP **FRISCO TX 75034**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition  
NAME **JOHN STAAB**  
STREET ADDRESS **14024 CHICORA CROSSING BLVD**  
CITY-ST-ZIP **ORLANDO, FL. 32828**

TITLE **MGRM** ☒ Change ☐ Addition  
NAME **DEBORAH STAAB**  
STREET ADDRESS **14024 CHICORA CROSSING BLVD**  
CITY-ST-ZIP **ORLANDO, FL. 32828**

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

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

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

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 REQUIRED**

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

**1/15/2003**

Date

**407-787-1500**

Daytime Phone #

CR2E083 (10/02)