

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

01-21-2003 90311 003 ****50.00

DOCUMENT # L01000020075

1. Entity Name
STAAB AND STAAB EDUCATION 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 TANTA KING BLVD

3. Mailing Address

13161 TANTA KING BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32828

Country

ORANGE

Zip

32828

Country

ORANGE



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

~~69-0004063~~
043670491

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!!! FEE IS \$50.00

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

9. MANAGING MEMBERS/MANAGERS

TITLE **P** ☐ Delete
NAME **STAAB, JOHN**
STREET ADDRESS **9840 CHAPEL TRAIL**
CITY-ST-ZIP **FRISCO TX 75034**

TITLE **V** ☐ Delete
NAME **STAAB, DEBORAH**
STREET ADDRESS **9840 CHAPEL TRAIL**
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 **P** ☒ Change ☐ Addition
NAME **JOHN STAAB**
STREET ADDRESS **14024 CHICORA CROSSING BLVD**
CITY-ST-ZIP **ORLANDO, FL. 32828**

TITLE **V** ☒ 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 JOHN STAAB

1/15/2003

407-737-1866

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

Date

Daytime Phone #

CR2E083 (10/02)

00676330