

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000022189

1. Entity Name

TOTAL I MANAGEMENT, LLC

Principal Place of Business

122 LINSLEY AVE.
SUITE C
BRANDON FL 33511

Mailing Address

122 LINSLEY AVE.
SUITE C
BRANDON FL 33511

2. Principal Place of Business

755 W. BRANDON BLVD
Suite, Apt. #, etc.

3. Mailing Address

755 W. BRANDON BLVD
Suite, Apt. #, etc.

City & State

BRANDON, FL

City & State

BRANDON, FL

Zip

33511

Country

USA

Zip

33511

Country

USA

4. FEI Number

01-0553221

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOLINER, NATHANIEL L
ONE HARBOUR PLACE
777 S. HARBOUR ISLAND BLVD. 5TH FLOOR
TAMPA FL 33602-5730

Name

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

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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 Department of State
Due By September 25, 2002

600008374546
10/15/02--01025--017 **50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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

9/15/02

Date

836574914

Daytime Phone #

FILED
02 OCT -7 PM 12:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (4/02)