

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2003 8:00 am**  
**Secretary of State**

01-29-2003 90060 012 \*\*\*\*50.00

**DOCUMENT # L02000000298**

1. Entity Name

**R.W. SAGE ENTERPRISES, LLC**



Principal Place of Business

**Mr. Robert Sage**  
1500 Donald St.  
Jacksonville, FL 32205-8606

Mailing Address

**Mr. Robert Sage**  
1500 Donald St.  
Jacksonville, FL 32205-8606

**20020089**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

**1500 DONALD STREET**  
Suite, Apt. #, etc.

3. Mailing Address

**1500 DONALD STREET**  
Suite, Apt. #, etc.

City & State

**JACKSONVILLE, FL.**

City & State

**JACKSONVILLE, FL.**

4. FEI Number

**30-0023301**

Applied For

Not Applicable

Zip

**32205**

Country

**USA**

Zip

**32205**

Country

**USA**

5. Certificate of Status Desired ☐

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**WATSON, TODD W**  
**7785 BAYMEADOWS WAY, SUITE 107**  
**JACKSONVILLE FL 32256**

7. Name and Address of New Registered Agent

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 Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **Mr. Robert Sage**  
STREET ADDRESS **1500 Donald St.**  
CITY-ST-ZIP **Jacksonville, FL 32205-8606**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition  
NAME **ROBERT SAGE**  
STREET ADDRESS **1500 DONALD STREET**  
CITY-ST-ZIP **JACKSONVILLE, FL 32205**

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

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

Date

Daytime Phone #

CR2E083 (10/02)

**REQUIRED**

**01.24.03**

**904.374.2619**  
**904.234.7673**