

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 01, 2003 8:00 am
Secretary of State

08-01-2003 90023 029 *****55.00

DOCUMENT # L02000000512

1. Entity Name

IS GLOBALFORCE LLC



Principal Place of Business

**3912 BAYSIDE DR.
BRADENTON FL 34210**

Mailing Address

**3912 BAYSIDE DR.
BRADENTON FL 34210**

2. Principal Place of Business

3405 WOOD OWL CIR

3. Mailing Address

PO BOX 10416

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BRADENTON FL

City & State

BRADENTON FL

Zip

34210

Country

USA

Zip

34282

Country

USA

4. FEI Number

01-0559272

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**JACOBSON, SUE A
46 N. WASHINGTON BLVD., #1
SARASOTA FL 34236**

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 September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
**MGRM
CRAIG GEOFFREY HAWAHL
PO BOX 10416
BRADENTON FL 34210**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

7-30-03

941-504-2097

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

Date

Daytime Phone #

CR2E083 (4/03)