

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000000614

1. Entity Name

ERP ADVANTAGE, LLC



FILED

03 NOV -3 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

104 3RD AVE.  
ST. PETE BEACH FL 33706

Mailing Address

104 3RD AVE.  
ST. PETE BEACH FL 33706

2. Principal Place of Business

104 3rd Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

St. Pete Beach FL

City &amp; State

Zip  
33706Country  
USA

Zip

Country

4. FEI Number

01 075 7136

Applied For

Not Applicable

5. Certificate of Status Desired ☒\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BARNETT, KIMBERLY  
104 3RD AVE.  
ST. PETE BEACH FL 33706

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

10/20/03

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 24, 2003**

9. MANAGING MEMBERS / MANAGERS

TITLE ☐ DeleteNAME  
STREET ADDRESS  
CITY - ST - ZIPTITLE ☐ DeleteNAME  
STREET ADDRESS  
CITY - ST - ZIPTITLE ☐ DeleteNAME  
STREET ADDRESS  
CITY - ST - ZIPTITLE ☐ DeleteNAME  
STREET ADDRESS  
CITY - ST - ZIPTITLE ☐ DeleteNAME  
STREET ADDRESS  
CITY - ST - ZIPTITLE ☐ DeleteNAME  
STREET ADDRESS  
CITY - ST - ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☒ AdditionNAME  
STREET ADDRESS  
CITY - ST - ZIPMGRM  
K.M. Barnett  
104 3rd Ave  
St Pete Beach FL 33706TITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY - ST - ZIPTITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY - ST - ZIP600023609766  
10/07/03--01024--011 \*\*\*155.00TITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY - ST - ZIPTITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY - ST - ZIPTITLE ☐ Change ☐ AdditionNAME  
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

9/30/03

Date

727-360-8875

Daytime Phone #

CP2E083 (4/03)