

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 27, 2003 8:00 am
Secretary of State

08-27-2003 90057 001 ****50.00

0059773

DOCUMENT # L02000001696

1. Entity Name

INVESTMENTS LIMITED, LLC



Principal Place of Business

**1120 CORDOVA BLVD. NE.
ST. PETERSBURG FL 33704**

Mailing Address

**PO BOX 1509
ST. PETERSBURG FL 33731**

2. Principal Place of Business

2073 IOWA AV NE

3. Mailing Address

Suite, Apt. #, etc.

City & State

ST. PETERSBURG

City & State

4. FEI Number

03-0379134

Applied For

Not Applicable

Zip

33703

Country

FLORIDA

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**LESTINI, JOHN R
1120 CORDOVA BLVD. NE,
ST. PETERSBURG FL 33704**

7. Name and Address of New Registered Agent

Name **SAME**

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

2073 IOWA AV NE

City **ST. PETERSBURG**

FL

Zip Code

33703

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
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
LESTINI, JOHN R
PO BOX 1509
ST. PETERSBURG FL 33731**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

8-17-03

Date

727-642-4052

Daytime Phone #

CR2E083 (10/02)