

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000002663

1. Entity Name

ECONOMIC FORENSICS LLC



FILED

2003 JUN 20 AM 8:37

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



☒ CHECK HERE IF MAKING CHANGES

Principal Place of Business

105 EAST LAKE BRANTLEY DRIVE
LONGWOOD FL 32779
US

Mailing Address

1401 CANAL POINT ROAD
LONGWOOD FL 32750
US

2. Principal Place of Business

1401 CANAL POINT RD

3. Mailing Address

Suite, Apt. #, etc.

City & State

LONGWOOD FL

City & State

4. FEI Number

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

ATKINS, JAMES G

105 EAST LAKE BRANTLEY DRIVE 1401 CANAL PT RD
LONGWOOD FL 32779 32750

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

JAMES G ATKINS

James D Atkins

6/9/03

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

300020973653

3/03--01043--033 **1150.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME JAMES GORDON ATKINS & ASSOCIATES, P. A.
STREET ADDRESS 105 EAST LAKE BRANTLEY DRIVE
CITY-ST-ZIP LONGWOOD FL 32779

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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:

James D Atkins

6/9/03

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

Date

Daytime Phone #

CR2E083 (10/02)