

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000004754

FILED
Apr 08, 2003
Secretary of State

Entity Name: BOW TO STERN, LLC

Current Principal Place of Business:

4309 INWOOD LANDING DRIVE
ORLANDO, FL 32812 US

New Principal Place of Business:

3975 FORRESTAL AVENUE
600
ORLANDO, FL 32806 US

Current Mailing Address:

4309 INWOOD LANDING DRIVE
ORLANDO, FL 32812 US

New Mailing Address:

3975 FORRESTAL AVENUE
600
ORLANDO, FL 32806 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAXWELL, CHARLES R II
4309 INWOOD LANDING DRIVE
ORLANDO, FL 32812 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: MAXWELL, CHARLES R II
Address: 4309 INWOOD LANDING DRIVE
City-St-Zip: ORLANDO, FL 32812 US

Title: MGR (X) Delete
Name: STANTON, ROY W JR.
Address: 1966 STANTON AVENUE
City-St-Zip: WINTER PARK, FL 32789 US

Title: MGR (X) Delete
Name: HANSEN, MARIA L
Address: 927 COOL SPRINGS CIRCLE
City-St-Zip: OCOEE, FL 34761 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: CHARLES R. MAXWELL II

MGR

04/08/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date