

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000004800

1. Entity Name

TAMPA BAY EXTERIORS, LLC


 FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

03 DEC 31 PM 2:50

Principal Place of Business

16314 VILLARREAL DE AVILA
TAMPA FL 33613

Mailing Address

PO BOX 47415
TAMPA FL 33647

2. Principal Place of Business

3. Mailing Address

P.O. Box 271431

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TAMPA FL

Zip

Country

Zip

Country

33608

4. FEI Number

02-0562281

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

 SINNREICH, KAREN J
 16314 VILLARREAL DE AVILA
 TAMPA FL 33613

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 May 1, 2004

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP
 ROB EVANS, MANAGER
 18509 KEYSTONE BLVD
 ODESSA FL

☐ Delete

 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP
 KAREN SINNREICH
 16314 VILLARREAL DE AVILA
 TAMPA, FL 33613

☐ Delete

 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

 TITLE NAME
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☐ Change ☐ Addition

 TITLE 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)(l), 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

Date

Daytime Phone #

TAMPA BAY EXTERIORS, LLC

P.O. Box 271431

Tampa, Florida 33613

Phone: 813-877-8707

Fax: 813-877-8708

January 2, 2004

Division of Corporations
Tallahassee, Florida
Fax #850-410-1015

Re: Tampa Bay Exteriors, LLC

This letter is to inform your office that never received the rejection letter from your office as it apparently went to an old Post Office box.

The original report was filed timely, however, it was apparently was missing the name, address and position of the managing members.

Attached you will find the names and addresses of the managing members.

Should you have any questions please do not hesitate calling our accountant, Terry Bishoff at 813-546-9734.

Thank you for your assistance in this matter.

Sincerely,



Rob Evans, President