

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0034148

DOCUMENT # L02000006492

1. Entity Name

ANGUS INVESTORS, LLC



FILED

03 MAY -1 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

2701 NORTH ROCKY POINT DRIVE
SUITE 630
TAMPA FL 33607

Mailing Address

2701 NORTH ROCKY POINT DRIVE
SUITE 630
TAMPA FL 33607

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

01-0645585

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FOWLER WHITE BOGGS BANKER P.A.
501 E. KENNEDY BLVD., SUITE 1700
C/O MITCHELL I. HOROWITZ
TAMPA FL 33602

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **DIRECTOR**
NAME **RICHARD N GILLIES**
STREET ADDRESS **2701 N ROCKY PT DR SUITE 630**
CITY-ST-ZIP **TAMPA, FL 33607**

☐ Delete

TITLE **DIRECTOR**
NAME **THEODORE GUMIENNY**
STREET ADDRESS **2701 N ROCKY PT DR SUITE 630**
CITY-ST-ZIP **TAMPA, FL 33607**

☐ Delete

TITLE
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10. ADDITIONS/CHANGES

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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:

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

3/31/03 813-288-8141

Date Daytime Phone #

CR2E083 (10/02)