

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90042 030 ****50.00

DOCUMENT # L02000006536

1. Entity Name

LAW OFFICES OF CLAYTON J. MYNARD, P.L.



Principal Place of Business

**1208 DRUID LANE
TAMPA FL 33629**

Mailing Address

**1208 DRUID LANE
TAMPA FL 33629**

2. Principal Place of Business

3. Mailing Address

P.O. BOX 18361

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FL

4. FEI Number

03-0419098

Applied For

Not Applicable

Zip

Country

Zip

Country

33679-8361

U.S.A.

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

**CORPORATE CREATIONS NETWORK INC.
941 FOURTH STREET #200
MIAMI BEACH FL 33139**

Name

CLAYTON J. MYNARD

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

202 S. ROME AVE. STE. 100

City

TAMPA

FL

Zip Code

33606

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

Clayton J. Mynard

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/21/03

DATE

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
NAME **MYNARD, CLAYTON J**
STREET ADDRESS **1208 DRUID LANE**
CITY-ST-ZIP **TAMPA FL 33629**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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:

Clayton J. Mynard

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

1/21/03 (913)404-7522

Date

Daytime Phone #

CR2E083 (10/02)