

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 22, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90078 039 \*\*\*\*50.00

0017546

**DOCUMENT # L02000006896**

1. Entity Name

**PROBEACHER LLC**



Principal Place of Business

**337 MADEIRA AVE. E.  
MADEIRA BEACH FL 33708**

Mailing Address

**PO BOX 86692  
MADEIRA BEACH FL 33738**

**55056933**



2. Principal Place of Business

**245 50TH ST N**

Suite, Apt. #, etc.

3. Mailing Address

**P.O. BOX 86692**

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

**ST. PETERSBURG, FL**

City & State

**MADEIRA BEACH, FL**

4. FEI Number

**38-3642130**

Applied For

Not Applicable

Zip

**33738**

Country

**USA**

Zip

**33738**

Country

**USA**

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**LAAKSO, ERIC K  
337 MADEIRA AVE. E.  
MADEIRA BEACH FL 33738**

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)

**8/31/03**

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 24, 2003**

9. MANAGING MEMBERS / MANAGERS

TITLE **PRESIDENT** ☐ Delete  
NAME **ERIC LAAKSO**  
STREET ADDRESS **337 MADEIRA AVE E**  
CITY-ST-ZIP **MADEIRA BEACH, FL 33738**

TITLE **TREASURER** ☐ Delete  
NAME **KELLI ROSE**  
STREET ADDRESS **245 50TH ST N**  
CITY-ST-ZIP **ST PETERSBURG, FL 33710**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS / CHANGES

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

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

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

**SIGNATURE REQUIRED**

**8/31/03**

**727-647-2078**

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

Date

Daytime Phone #

CR2E083 (4/03)