

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90008 024 *****50.00

0064619

DOCUMENT # L02000008976

1. Entity Name

ACCUFORM INVESTMENTS, LLC



Principal Place of Business

**14378 SPRING HILL DRIVE
BROOKSVILLE FL 34609**

Mailing Address

**14378 SPRING HILL DRIVE
BROOKSVILLE FL 34609**

2. Principal Place of Business

16228 Flight Path Dr.

3. Mailing Address

16228 Flight Path Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Brooksville FL

City & State

Brooksville FL

4. FEI Number

02-0583240

Applied For

Not Applicable

Zip

Country

34604-6875

Hernando

Zip

Country

34604-6875

Hernando

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

**JOHNSON, WAYNE D
14378 SPRING HILL DRIVE
BROOKSVILLE FL 34609**

Name

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

16228 Flight Path Dr.

City

Brooksville

FL

Zip Code

34604-6875

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

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **MGR Wayne Johnson**
STREET ADDRESS **16228 Flight Path Dr**
CITY-ST-ZIP **Brooksville FL 34604-6875**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **MGR Dave Johnson**
STREET ADDRESS **16228 Flight Path Dr.**
CITY-ST-ZIP **Brooksville FL 34604-6875**

TITLE ☐ Delete
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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: **x**

SIGNATURE REQUIRED

4/4/03

352/799-5434

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

Date

Daytime Phone #

CR2E083 (10/02)