

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

03-26-2003 90047 019 ****50.00

DOCUMENT # L02000009004					
1. Entity Name COMPUTER VIDEO ASSOCIATES, L.L.C.					
Principal Place of Business 3109 MASTERS DRIVE CLEARWATER FL 33761			Mailing Address 3109 MASTERS DRIVE CLEARWATER FL 33761		
2. Principal Place of Business 9125 U.S. Highway 19, North Suite, Apt. #, etc.		3. Mailing Address 9125 U.S. Highway 19, North Suite, Apt. #, etc.			
City & State Pinellas Park FL Zip 33782 Country Pinellas		City & State Pinellas Park, FL Zip 33782 Country Pinellas		4. FEI Number 020583052	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent WILKINSON, G. BARRY 696 FIRST AVENUE NORTH, SUITE 201 ST PETERSBURG FL 33701			7. Name and Address of New Registered Agent Name: Peter Schatzel Street Address (P.O. Box Number is Not Acceptable): 500 94th Avenue, North City: St. Petersburg FL Zip Code: 33702		
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 <i>Peter C. Schatzel</i> PETER C. SCHATZEL Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			DATE 3/24/03		
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 NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition	
[Empty Row]			Managing Member Ellen Strach 3109 Masters Drive Clearwater, FL 33761		
[Empty Row]			member, Managing member Ann Beaman 4348 43rd St. South St. Petersburg, FL 33711		
[Empty Row]			member, General Manager Edward Griswold 23 Marshall St Safety Harbor, FL 34695		
[Empty Row]			member, Sales Manager Robert Clarke 713 Knollwood drive Largo, FL 33770		
[Empty Row]			[Empty Row]		
[Empty Row]			[Empty Row]		
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 606, Florida Statutes.					
SIGNATURE: <i>Edward Griswold</i> Edward Griswold 03/21/03 727-579-9200 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					

CR2E083 (10/02)