

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2003 8:00 am
Secretary of State

04-21-2003 90118 018 ****50.00

DOCUMENT # L02000009530

1. Entity Name
FREELANCE OFFICE SOLUTIONS, LLC



Principal Place of Business
**3252 FOX HILL DRIVE
CLEARWATER FL 33761**

Mailing Address
**3252 FOX HILL DRIVE
CLEARWATER FL 33761**

44001328

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
02-0604355

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
**BOZMOSKI, JOHN JR
7850 ULMERTON ROAD, SUITE 5
LARGO FL**

7. Name and Address of New Registered Agent
Name **Dana L. Becker**
Street Address (P.O. Box Number is Not Acceptable) **3252 Fox Hill Dr**
City **Clearwater** FL Zip Code **33761**

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 **Dana L. Becker** (NOTE: Registered Agent signature required when reinstating)
DATE **4/15/03**

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 President	☐ Delete	TITLE	☐ Change ☐ Addition
NAME Dana L. Becker		NAME	
STREET ADDRESS 3252 Fox Hill Dr		STREET ADDRESS	
CITY-ST-ZIP Clearwater, FL 33761		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: **Dana L. Becker** (Signature and Typed or Printed Name of Signing Managing Member, Manager, or Authorized Representative)
DATE **4/15/03** DAYTIME PHONE # **(727) 787-7872**

CR2E083 (10/02)