

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2003 8:00 am
Secretary of State

0020039

DOCUMENT # L02000012489		
1. Entity Name COMMONWEALTH INSURANCE COMPANY OF THE BAY AREA LLC		

04-09-2003 90043 027 ****50.00
08-14-2003 90047 015 ****50.00

Principal Place of Business 3811 LAKE SHORE BLVD. PALM HARBOR FL 34684	Mailing Address 3811 LAKE SHORE BLVD. PALM HARBOR FL 34684
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2. Principal Place of Business 35095 us Hwy 19 N	2. Mailing Address 35095 us Hwy 19 N
Suite, Apt. #, etc. Suite 104	Suite, Apt. #, etc. Suite 104
City & State Palm Harbor, FL	City & State Palm Harbor, FL
Zip 34684	Zip 34684
Country USA	Country USA



☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent GOTTLIEB & GOTTLIEB, P.A. 2475 ENTERPRISE ROAD SUITE 100 CLEARWATER FL 33763		4. FEI Number 41-2048190		Applied For <input type="checkbox"/> Not Applicable
7. Name and Address of New Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
Name		City		Zip Code
Street Address (P.O. Box Number is Not Acceptable)				

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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Jason Butts 3811 Lake Shore Dr Palm Harbor, FL 34684	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Jason Butts** **8/3/03** **727-784-4882**

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

CP2E083 (4/03)