

# 603 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90574 027 \*\*\*\*50.00

**DOCUMENT # L02000012815**

1. Entity Name

**FLORIDA INCORPORATION STATION, LLC**



Principal Place of Business

**420 E PARK AVE #19  
TALLAHASSEE FL 32301**

Mailing Address

**420 E PARK AVE #19  
TALLAHASSEE FL 32301**

2. Principal Place of Business

**420 E. PARK AVE.**

3. Mailing Address

**420 E. PARK AVE.**

Suite, Apt. #, etc.

**19**

Suite, Apt. #, etc.

**19**

City & State

**TALLAHASSEE**

City & State

**TALLAHASSEE**

Zip

**32301**

Country

**LEON**

Zip

**32301**

Country

**LEON**

4. FEI Number

**04-3693971**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**FRANK, PATRICK R  
1111 HIGH ROAD SUITE E-105  
TALLAHASSEE FL 32304**

7. Name and Address of New Registered Agent

Name

**PATRICK R. FRANK**

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

**420 E. PARK AVE., #19**

City

**TALLAHASSEE**

**FL**

Zip Code

**32301**

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

**P. Frank**

**PATRICK RYAN FRANK**

**5/1/03**

**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  
**PRESIDENT  
PATRICK R. FRANK  
420 EAST PARK AVE., #19  
TALLAHASSEE FL 32301**

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VICE PRESIDENT  
MAXIM ISTOMIN  
420 EAST PARK AVE., #19  
TALLAHASSEE, FL 32301**

☐ Delete

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

**SIGNATURE/PATRICK RYAN FRANK**

**5/1/03**

**(850) 222-6841**

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

Date

Daytime Phone #

CR2E083 (10/02)