

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

04-24-2003 90044 010 \*\*\*\*55.00

**DOCUMENT # L02000013865**

1. Entity Name

**SERVICE ZONE ENTERPRISES, LLC**



Principal Place of Business

Mailing Address

C/O JAMES W. GOODWIN, ESQ.  
400 NORTH TAMPA STREET, SUITE 2300  
TAMPA FL 33602

C/O JAMES W. GOODWIN, ESQ.  
400 NORTH TAMPA STREET, SUITE 2300  
TAMPA FL 33602

**44001474**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

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

**GOODWIN, JAMES W**  
**400 NORTH TAMPA STREET, SUITE 2300**  
**TAMPA FL 33602**

Name

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

City

**FL**

Zip Code

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☒ Addition

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☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ 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 REQUIRED**  
**Timothy J. Hayes**

**3/8/2003**

**813 964 5782**

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

Date

Daytime Phone #

CR2E083 (10/02)

Attachment 44001474

**MACFARLANE FERGUSON & McMULLEN**

ATTORNEYS AND COUNSELORS AT LAW

1501 SOUTH FLORIDA AVENUE  
LAKELAND, FLORIDA 33803  
(863) 680-9908 FAX (863) 683-2849

400 NORTH TAMPA STREET, SUITE 2300  
P.O. BOX 1531 (ZIP 33601)  
TAMPA, FLORIDA 33602  
(813) 273-4200 FAX (813) 273-4396

625 COURT STREET  
P. O. BOX 1669 (ZIP 33757)  
CLEARWATER, FLORIDA 33756  
(727) 441-8966 FAX (727) 442-8470

IN REPLY REFER TO:

Tampa

May 8, 2003

Florida Department of State  
Division of Corporations  
PO Box 6478  
Tallahassee, FL 32314

Re: Service Zone Enterprises, LLC (the "Company")  
L02000013865

Dear Sir:

Pursuant to your correspondence dated April 30, 2003 (copy enclosed); I have enclosed herewith the corrected Uniform Business Report for the above-referenced Company.

If you have any questions, please do not hesitate to contact me.

Sincerely,

*Melissa A. Rose*

Melissa A. Rose

Legal Assistant to JAMES W. GOODWIN

/mar

Enclosure