

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90046 036 ****50.00

DOCUMENT # L02000014341

1. Entity Name
BIZTANK LLC



Principal Place of Business

**4808 PEREGRINE POINT CIR. WEST
SARASOTA FL 34231**

Mailing Address

**4808 PEREGRINE POINT CIR. WEST
SARASOTA FL 34231**

20007114

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-3689210

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CASWELL, CHRIS
2364 FRUITVILLE ROAD
SARASOTA FL 34237**

7. Name and Address of New Registered Agent

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 **MEMR** ☐ Delete
NAME **Daniel S. Miller**
STREET ADDRESS **4808 Peregrine Point Circle West**
CITY-ST-ZIP **Sarasota, FL 34231**

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

TITLE **MEMR** ☐ Delete
NAME **Nelle S. Miller**
STREET ADDRESS **4808 Peregrine Point Circle West**
CITY-ST-ZIP **Sarasota, FL 34231**

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

TITLE ☐ Delete
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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: Daniel S. Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-6-03

941-922-6255

Date

Daytime Phone #

CR2E083 (10/02)