

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000015568

FILED
Apr 30, 2003
Secretary of State

Entity Name: ITCOMPLETE, LLC

Current Principal Place of Business:

5130 KEYSTONE DR
GULF BREEZE, FL 32563

New Principal Place of Business:

7173 LEISURE ST
NAVARRE, FL 32566

Current Mailing Address:

5130 KEYSTONE DR
GULF BREEZE, FL 32563

New Mailing Address:

7173 LEISURE ST
7173 LEISURE ST, FL 32566

FEI Number: 27-0055740

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOMBARD, KURT
5130 KEYSTONE DR
GULF BREEZE, FL 32563 US

Name and Address of New Registered Agent:

LOMBARD, KURT
7173 LEISURE ST
7173 LEISURE ST, FL 32566 US

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.

SIGNATURE:

04/30/2003

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: MEREDITH, CHRIS
Address: 5130 KEYSTONE DR
City-St-Zip: GULF BREEZE, FL 32563

Title: MGRM () Delete
Name: LOMBARD, KURT
Address: 5130 KEYSTONE DR
City-St-Zip: GULF BREEZE, FL 32563

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MEREDITH, CHRIS
Address: 7173 LEISURE ST
City-St-Zip: NAVARRE, FL 32566

Title: MGRM (X) Change () Addition
Name: LOMBARD, KURT
Address: 7173 LEISURE ST
City-St-Zip: NAVARRE, FL 32566

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: KURT LOMBARD

MGRM

04/30/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date