2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED Feb 28, 2003 8:00 am Secretary of State

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1. Entity N	UMENT # L02000 (wo, u.c			02-13-2003 90026 002 ****50.00				
Principal P	lace of Business	Manage and Alban						
Principal Place of Business 9625 ALONZO ROAD RIVERVIEW FL 33569		Mailing'Address P.O. BOX 52993 TAMPA FL 33875-5299						
Ì						11 3 3194 11 6 11 0 110 10		
2 Principa	I Place of Business	1						
9625 Wes Kearney Way		3. Mailing Address	earnou M	7277	TO BELLEVIA OF THE STATE OF THE)		
Suite, Apt. #, etc.		9625 Wes Kearney Way Suite, Apt. #, etc.		vay	CHECK HERE IF M	AKING CHANG	ES	
City & Slate		City & State		. 4 FE	4. FEI Number Applied For			
		Riverview, FL			03-0470479 Not Applicable			
Zip Country		^{Zip} 33569	33569 USA		5. Certificate of Status Desired \$5.00 Additional Fee Required			
<u> </u>	6. Name and Address of Current	Registered Agent	7. Name and Address of New Registered Agent					\dashv
	VRRIS, TRACY J.JR.	Name		} 				—
96	25 ALONZO ROAD	•	Street	Address (P.O. Box N	P.O. Box Number is Not Acceptable)			
R/\	VERVIEW FL 33569		<u> 9</u>	<u>625 Wes K</u>	Wes Kearney Way			
,			1	•	· -			7
			City			FL Zip Co	ode	
8. The abov	re named entity submits this statement for ations of registered agent.	t the purpose of changing its	registered office	Or registered a seat	- had been as Assessment			.
the obliga	ations of registered agent.	r are perpose or or anging no	registered Onice	or registered agent,	or both, in the State of Florida.	I am familiar with	1, and accept	t
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. {NOTE	: Registered Agent sign	nature required when reinstati	na)	DATE		
<u> </u>			WIII FEE IS		····	DATE		-
		Make Check Payable	e to Florida De	epartment of Stat	e			
			By May 1, 20		-			- }
9.	MANAGING MEMBE	RS/MANAGERS	10.		ADDITIONS/CHAI	NOTE		4
TITLE		☐ Delete	TITLE	MGRM	ADDITIONS/CHAI	□ Change	Addition	∣ ନ
NAME			NAME	Harris.	Tracy J. Jr.	L. Grange	,2Q Addition	' §
STREET ADDRESS			STREET ADDRESS	701 Ind:	iana Avenue			3(1
CITY-ST-ZIP			CITY-ST-ZIP		bor, FL 346	83		Į
TITLE	1	☐ Delete	TITLE	MGRM		☐ Change	Addition	CR2E083 (10/02)
NAME STREET ADDRESS	1	· ••.	NAME	Kearney		_, -	/	0
CITY-ST-ZIP	}		STREET ADDRESS CITY-ST-ZIP	911 Sedd	lon Cove Way			
TITLE		Delate	_IITLE	Tampa, I	L 33602			4
NAME		CI-DE1010 C-1	NAME		TO A TO A TOP INTO THE STORE	– - 🗔 Change	Addition	
STREET ADDRESS	-		STREET ADDRESS		· • · · • · • · •			
CITY-ST-ZIP			CITY-ST-ZIP		•			1
TITLE		☐ Delete	TITLE			Change	☐ Addition	-l
NAME CORET ADDRESS			NAME			change	L.J AUUJUUJI	
STREET ADORESS City-St-Zip			STREET ADDRESS	1		•		
		·	CITY-ST-ZIP				•	
TITLE NAME		☐ Delete	TITLE		-	☐ Change	Addition	1 . [
STREET ADDRESS			NAME			=: * *		
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		' Charles						1 1
		☐ Delete	TITLE			Change .	T Addition	ı 1

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 it 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF STONING MANAGING MEMBER, MANGGER, OR AUTHORIZED REPRESENTATIVE