

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0040761

DOCUMENT # L02000016032

1. Entity Name

INDEPENDENT CONSULTING NETWORK-EASTERN DIVISION
LTD. CO. *Senda*



FILED

03 MAY -7 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☒ CHECK HERE IF MAKING CHANGES

Principal Place of Business

360 SOUTH SHORE DRIVE
SARASOTA FL 34234

Mailing Address

360 SOUTH SHORE DRIVE
SARASOTA FL 34234

2. Principal Place of Business

3. Mailing Address

12260 Willow Grove Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Building # 2

City & State

City & State

Camden, DE

Zip

Country

Zip

Country

19934

USA

4. FEI Number

N/A

Applied For

Not Applicable

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

FLETCHER, W. RICK
360 SOUTH SHORE DRIVE
SARASOTA FL 34234

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

2700018448342
*05/01/03--01002--015 **1000.00*

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
JOHN MARTIN PARKER
20 MAIDSTONE ROAD, BOROUGH GREEN
SEVENOAKS, KENT, UK

☐ Delete

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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: *John Martin Parker*

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

04/04/03

Date

Daytime Phone #

CR2E083 (10/02)