

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90114 008 ****50.00

DOCUMENT # L02000017590

1. Entity Name
ETHAN MARKETING, L.L.C.



Principal Place of Business
**628 PINELAND AVENUE
BELLEAIR FL 33756**

Mailing Address
**628 PINELAND AVENUE
BELLEAIR FL 33756**

2. Principal Place of Business

3. Mailing Address

P.O. Box 1076

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LARGO, FL

4. FEI Number

38-3656481

Applied For

Not Applicable

Zip

Country

Zip

33779

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

**WHITE, RONALD C
5348 FIRST AVENUE NORTH
ST. PETERSBURG FL 33710**

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 **MGRM** ☐ Delete
NAME **JOCHEN D. KNEWITZ & ELSA M. KNEWITZ AS TEN**
STREET ADDRESS **628 PINELAND AVENUE**
CITY-ST-ZIP **BELLEAIR FL 33756**

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

TITLE **MGRM** ☐ Delete
NAME **GERD WEBER & MARIA WEBER AS TENANTS BY THE**
STREET ADDRESS **310 OVERBROOK DRIVE**
CITY-ST-ZIP **BELLEAIR FL 33756**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

(Signature)

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

Date

Daytime Phone #

1-4-03 (727) 518-1324

CR2E083 (10/02)