

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2003 8:00 am
Secretary of State

04-28-2003 90087 030 ****50.00

DOCUMENT # L02000017862

1. Entity Name

SCOOTER MOBILITY & MEDICAL L.L.C.



Principal Place of Business

1511 BONNIEBROOK DR.
LUTZ FL 33549
US

Mailing Address

1511 BONNIEBROOK DR.
LUTZ FL 33549
US

44001784



2. Principal Place of Business

2444 Land O'Lakes Blvd

Suite, Apt. #, etc.

3. Mailing Address

2444 Land O'Lakes Blvd.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

Land O'Lakes FL

Zip
34639

Country
Pasco

City & State

Land O'Lakes FL

Zip
34639

Country
Pasco

4. FEI Number

03-0473027

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, CHRISTOPHER E
1511 BONNIEBROOK DR.
LUTZ FL 33549

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

Christopher E. Taylor **Christopher E. Taylor** **Owner**

4-21-03

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Owner - mngt.
Christopher E. Taylor
1511 Bonniebrook Dr.
Lutz, FL. 33549

☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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:

Christopher E. Taylor **Christopher E. Taylor**

4-21-03

813-948-4900

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

Date

Daytime Phone #

CR2E083 (10/02)