

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000017993

1. Entity Name
C2FS-GANDY LLC



FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90058 024 ****50.00

0059707

0001JJJ1



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business
**11300 FOURTH STREET NORTH STE. 200
ST PETERSBURG FL 33716**

Mailing Address
**11300 FOURTH STREET NORTH STE. 200
ST PETERSBURG FL 33716**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
52-2369312

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
**CHADWICK, JAMES M
11300 FOURTH STREET NORTH STE. 200
ST PETERSBURG FL 33716**

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 _____ (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 | <input type="checkbox"/> Delete |
|--|---------------------------------|
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10. ADDITIONS/CHANGES

| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
|--|--|
| MGRM M. Steven Sembler 11300 4th St. N., Suite 200 St. Petersburg, FL 33716 | |
| MGRM James M. Chadwick 11300 4th St. N., Suite 200 St. Petersburg, FL 33716 | |
| MGRM Robert Fleeting 11300 4th St. N., Suite 200 St. Petersburg, FL 33716 | |
| MGRM Harry R. Chadwick 11300 4th St. N., Suite 200 St. Petersburg, FL 33716 | |
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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 REQUIRED** **01-20-03 (727) 577-9197**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #
James M. Chadwick, Managing Member

CR2E083 (10/02)