

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


**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90269 037 \*\*\*\*55.00

0059452

**DOCUMENT # L02000023290**

1. Entity Name  
**BIG FOUR INVESTMENTS, LLC**



Principal Place of Business      Mailing Address

**5858 CENTRAL AVENUE**      **5858 CENTRAL AVENUE**  
**ST. PETERSBURG FL 33707**      **ST. PETERSBURG FL 33707**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

**P.O. Box 41847**

City & State      City & State

**ST. PETERSBURG, FL**

Zip      Country      Zip      Country

**33743-1847**      **USA**

4. FEI Number      Applied For

**14-1846913**      Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SHER, CRAIG H**  
**C/O THE SEMBLER COMPANY**  
**5858 CENTRAL AVENUE**  
**ST. PETERSBURG FL 33707**

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	Delete
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
MGR	SEMBLER MELVIN F.	5858 CENTRAL AVENUE	ST. PETERSBURG, FL 33707	<input type="checkbox"/>	<input checked="" type="checkbox"/>
MGR	SEMBLER BRENT W.	5858 CENTRAL AVENUE	ST. PETERSBURG, FL 33707	<input type="checkbox"/>	<input checked="" type="checkbox"/>
MGR	SEMBLER GREGORY S.	5858 CENTRAL AVENUE	ST. PETERSBURG, FL 33707	<input type="checkbox"/>	<input checked="" type="checkbox"/>
MGRM	SHER, CRAIG H.	5858 CENTRAL AVENUE	ST. PETERSBURG, FL 33707	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 REQUIRED** \_\_\_\_\_ **4/25/03** **727-384-6000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

CR2E083 (10/02)