

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90233 034 ****50.00

0060084

DOCUMENT # L02000025859

1. Entity Name
MARKET MASTERS LLC



Principal Place of Business

P.O. BOX 17325
CLEARWATER FL 33762-0325
US

Mailing Address

P.O. BOX 17325
CLEARWATER FL 33762-0325
US

2. Principal Place of Business

4830 W. KENNEDY BLVD.

3. Mailing Address

4830 W. KENNEDY BLVD.

Suite, Apt. #, etc.

SUITE 444

Suite, Apt. #, etc.

SUITE 444

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33609

Country

USA

Zip

33609

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

30-0126873

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KAGAN, EDWIN B
2709 N. ROCKY POINT DRIVE
SUITE 102
TAMPA FL 33607**

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

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 **PRESIDENT, MANAGING MEMBER** ☐ Delete
NAME **ROGER TICHENOR**
STREET ADDRESS **4830 W. KENNEDY BLVD., SUITE 444**
CITY-ST-ZIP **TAMPA, FL 33609**

TITLE **VP, S, T, MANAGING MEMBER** ☐ Delete
NAME **RICHARD PELUCHETTE**
STREET ADDRESS **4699 N. FEDERAL HWY., SUITE 201**
CITY-ST-ZIP **POMPAHO BEACH, FL 33064**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
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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 REQUIRED
ROGER TICHENOR

4/21/03

(813) 289-5660

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

Date

Daytime Phone #

CR2E083 (10/02)