

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0008184

DOCUMENT # L02000026451

1. Entity Name

BUILD A BUSINESS.COM, LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

LR  
10/07

03 SEP 29 PM 3:23



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

510 SOUTH PALAFOX STREET  
PENSACOLA FL 32501

Mailing Address

510 SOUTH PALAFOX STREET  
PENSACOLA FL 32501

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

Country

Zip

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

FAIRCHILD, CHARLES  
510 SOUTH PALAFOX STREET  
PENSACOLA FL 32501

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 September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MANAGER** ☐ Delete  
NAME **Charles Fairchild**  
STREET ADDRESS **510 S Palafox St. Pensacola**  
CITY-ST-ZIP **FL 32501**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **300023399323**  
CITY-ST-ZIP **09/29/03--01048--024 \*\*50.00**

TITLE **member** ☐ Delete  
NAME **Regina BANIAKAS**  
STREET ADDRESS **510 S. Palafox St**  
CITY-ST-ZIP **Pensacola FL 32501**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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

Date

Daytime Phone #

**850 483 5645**

CR2E083 (4/03)