

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

04-23-2003 90129 005 ****50.00

DOCUMENT # L02000027176

1. Entity Name

12900 CORTEZ BOULEVARD, LLC



Principal Place of Business

5350 SPRING HILL DRIVE
SPRING HILL FL 34606

Mailing Address

5350 SPRING HILL DRIVE
SPRING HILL FL 34606

2. Principal Place of Business

12900 CORTEZ BLVD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Brooksville, FL

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

34609

U.S.A.

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

NAPOLITANO, PETER A ESQ.
8406 MASSACHUSETTS AVENUE, SUITE A-1
NEW PORT RICHEY FL 34653

7. Name and Address of New Registered Agent

Name

Agnes Augello

Street Address (P.O. Box Number is Not Acceptable)

5350 Spring Hill Drive

City

Spring Hill

FL

Zip Code

34606

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Agnes Augello

4/10/03

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE
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☐ 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:

SIGNATURE REQUIRED

4/10/03

(352)688-8116

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

Date

Daytime Phone #

0064564

CR2E083 (10/02)