

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

03-28-2003 90004 015 \*\*\*\*\*50.00

**DOCUMENT # L02000028242**

1. Entity Name

**MAGNUM OPUS ENTERPRISES, LLC**



Principal Place of Business

1973 SAN MARCO ROAD  
MARCO ISLAND FL 34145

Mailing Address

1973 SAN MARCO ROAD  
MARCO ISLAND FL 34145

*Changed →*

2. Principal Place of Business

*5442 Harbour Castle Drive*  
Suite, Apt. #, etc. *castle*

3. Mailing Address

*5442 Harbour Castle Drive*  
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

*Fort Myers FL*

Zip *33907*

Country

City & State

*Fort Myers FL*

Zip *33907*

Country

4. FEI Number

*30-0164359*

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301**

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

*03/12/03*

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE *MGRM*  
NAME *MITCHELL, L.S.*  
STREET ADDRESS *1973 SAN MARCO ROAD*  
CITY-ST-ZIP *MARCO ISLAND FL 34145*

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE *MGRM*  
NAME *MITCHELL, L.S.*  
STREET ADDRESS *5442 Harbour Castle Drive*  
CITY-ST-ZIP *Fort Myers, FL. 33907*

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ 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 and empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*[Signature]*

**SIGNATURE REQUIRED**

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

Date

Daytime Phone #

*03/12/03*

*239-267-9390*

CR2E083 (10/02)