

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000031538

FILED  
Jul 13, 2003  
Secretary of State

**Entity Name:** YOUR NET RESULT, L.L.C.

**Current Principal Place of Business:**

162 NORTH BREVARD AVENUE  
ARCADIA, FL 34266

**New Principal Place of Business:**

**Current Mailing Address:**

162 NORTH BREVARD AVENUE  
ARCADIA, FL 34266

**New Mailing Address:**

**FEI Number:** 43-1986040

**FEI Number Applied For** ( )

**FEI Number Not Applicable** ( )

**Certificate of Status Desired** (X)

**Name and Address of Current Registered Agent:**

QUAVE, GABRIEL  
162 NORTH BREVARD AVENUE  
ARCADIA, FL 34266

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

**Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:**

**ADDITIONS/CHANGES:**

**Title:** MGR ( ) Change (X) Addition  
**Name:** QUAVE, GABRIEL T MR.  
**Address:** 162 NORTH BREVARD AVENUE  
**City-St-Zip:** ARCADIA, FL 34266

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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:** GABRIEL QUAVE

PRES

07/13/2003

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date