

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

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

04-23-2003 90307 006 \*\*\*\*50.00

DOCUMENT # L02000032043

1. Entity Name



AMERICAN BUSINESS CONCEPTS, L.L.C.

**DO NOT WRITE IN THIS SPACE**

30003443

2. Principal Place of Business

2000 Lewis Turner Blvd

3. Mailing Address

P O Box 1180

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite B

City & State

Ft Walton Bch, FL

City & State

Ft Walton Bch., FL

Zip

32547

Country

USA

Zip

32549

Country

USA

4. FEI Number

56-2311308

Applied For

Not Applicable

5. Certificate of Status Desired

☒ XX

**\$5.00** Additional  
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Jim C Boswell

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

2000 Lewis Turner Blvd

Suite B

City

Ft Walton Bch

FL

Zip Code

32547

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

4-17-03  
DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS

TITLE President

NAME Jim C Boswell

STREET ADDRESS 2000 Lewis Turner Blvd

CITY-ST-ZIP Ft Walton Bch., FL 32547

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE Vice President

NAME James Long

STREET ADDRESS 2000 Lew Turner Blvd

CITY-ST-ZIP Ft Walton Bch., FL 32547

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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

Date

4-17-03 850-863-5300

Daytime Phone #

CR2E083B (12/02)