

FILED  
Mar 24, 2003 8:00 am  
Secretary of State

03-12-2003 90012 007 \*\*\*\*50.00

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

DOCUMENT # L02000034688

1. Entity Name

FOUR POINT ENTERPRISES, LLC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

18009 Crawley

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Odessa FL

Zip

Country

Zip

Country

33556

4. FEI Number

36660350P

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name James Hines

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

35 South Hide Park Ave

City Tampa FL

Zip 33606

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

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Mark A. Eberbach  
18009 Crawley Rd  
Odessa FL 33556

TITLE NAME  
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

Mark A. Eberbach

mark A. Eberbach

2/25/03

727 8604490

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

Date

Daytime Phone #

CR2E083B (12/02)