

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 25, 2003 8:00 am**  
**Secretary of State**

09-25-2003 90040 030 \*\*\*\*55.00

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**DOCUMENT # L02000034756**

1. Entity Name

**MISSION DEVELOPMENT GROUP, LLC**



Principal Place of Business <b>102 SOUTH 12TH STREET TAMPA FL 33602</b>	Mailing Address <b>102 SOUTH 12TH STREET TAMPA FL 33602</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>EIN# 81-0625488</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**HOBBS, ROBERT S ESQUIRE  
3719 SWANN AVENUE  
TAMPA FL 33609**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 24, 2003**

9. MANAGING MEMBERS / MANAGERS	
TITLE <b>PRESIDENT</b>	<input type="checkbox"/> Delete
NAME <b>GARY J. VOLENEL</b>	
STREET ADDRESS <b>102 S. 12TH STREET</b>	
CITY-ST-ZIP <b>TAMPA FL 33602</b>	
TITLE <b>GREG JOHANSON, V.P.</b>	<input type="checkbox"/> Delete
NAME <b>GREG JOHANSON, V.P.</b>	
STREET ADDRESS <b>5026 TRENTON ST.</b>	
CITY-ST-ZIP <b>TAMPA, FL 33619</b>	
TITLE <b>SCOTT JOHANSON, Sec'y</b>	<input type="checkbox"/> Delete
NAME <b>SCOTT JOHANSON, Sec'y</b>	
STREET ADDRESS <b>5026 TRENTON ST.</b>	
CITY-ST-ZIP <b>TAMPA, FL 33619</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS / CHANGES	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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** **9/23/03** **(813) 223-4577**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (4/03)