

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 05, 2003 8:00 am
Secretary of State

09-05-2003 90067 013 *****50.00

DOCUMENT # L02000035194

1. Entity Name

OEM ENTERPRISES, LLC



Principal Place of Business

**4010 LADY PALM COURT
TAMPA FL 33625**

Mailing Address

**696 FIRST AVENUE NORTH, SUITE 201
C/O LEFTER WILKINSON & SADORF, P.A.
ST. PETERSBURG FL 33701**

2. Principal Place of Business

8412 Lincoln Cove Dr.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Apt. #101A

City & State

Tampa, Florida

4. FEI Number

14-1865187

Applied For

Not Applicable

Zip
33614

Country
USA

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SADORF, RICK W.
696 FIRST AVENUE NORTH, SUITE 201
ST. PETERSBURG FL 33701**

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

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **MGRM**
STREET ADDRESS **Otis E. Montgomery**
CITY-ST-ZIP **8412 Lincoln Cove Dr. Apt. #101A
Tampa, FL 33614**

TITLE ☐ Delete
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CITY-ST-ZIP

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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)(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

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

9/1/03

813-396-4396

Date

Daytime Phone #

CR2E083 (4/03)

001728