

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90039 012 \*\*\*\*50.00

0076237

**DOCUMENT # L97000000713**

1. Entity Name

**SOUTHWEST ORLANDO INVESTMENTS, L.C.**



Principal Place of Business

**404 NORTH MIRAMAR AVE.  
INDIALANTIC FL 32903**

Mailing Address

**P.O. BOX 3008  
INDIALANTIC FL 32903**

2. Principal Place of Business

**575 S. WICKHAM RD #E**

3. Mailing Address

**575 S. WICKHAM RD**

Suite, Apt. #, etc.

**SUITE E**

Suite, Apt. #, etc.

**SUITE E**

City & State

**W. MELBOURNE, FL**

City & State

**W. MELBOURNE FL**

Zip

**32904**

Country

Zip

**32904**

Country

4. FEI Number

**59-3456692**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**DERRICK, MICHAEL  
404 NORTH MIRAMAR AVE.  
INDIALANTIC FL 32903**

7. Name and Address of New Registered Agent

Name **COY A. CLARK**

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

**575 S. WICKHAM RD SUITE E**

City

**W. MELBOURNE**

**FL**

Zip Code

**32904**

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

*Coy A. Clark*

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 May 1, 2003**

9. MANAGING MEMBERS / MANAGERS

TITLE	<b>MGRM</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DERRICK, MICHAEL</b>	
STREET ADDRESS	<b>404 NORTH MIRAMAR AVE.</b>	
CITY-ST-ZIP	<b>INDIALANTIC FL 32903</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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE	<b>MGRM</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CLARK, COY</b>	
STREET ADDRESS	<b>575 S. WICKHAM RD SUITE E</b>	
CITY-ST-ZIP	<b>W. MELBOURNE, FL 32904</b>	
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:

*Coy A. Clark*

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

**4/1/03**

Date

**321 7239888**

Daytime Phone #

CR2E083 (10/02)