

2001 UNIFORM BUSINESS REPORT (UBR)

0028837 AF

DOCUMENT # L98000000202

1. Entity Name
CEREBSYS, L.C.

FILED

01 APR 27 AM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
P.O. BOX 8295
PORT ST LUCIE FL 34985

Mailing Address
P.O. BOX 8295
PORT ST LUCIE FL 34985

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number 52-2082670
Applied For
Not Applicable

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

GERDES, MATTHEW
2317 SW NOSTON STREET
PORT ST LUCIE FL 34953-2261

Spelling

Name *Matthew Gerdes*

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

2317 SW Norton Street

City *Port St. Lucie*

FL Zip Code *34953*

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.

-2261

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 Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME GERDES, BRENDA
STREET ADDRESS 2800 N.E. ISLAND COVE WAY, E2102
CITY-ST-ZIP STUART FL 34996 ☐ Delete

TITLE MGR
NAME GERDES, BRENDA
STREET ADDRESS 9307 S Indian River Drive
CITY-ST-ZIP Ft. Pierce, FL 34982 ☒ Change ☐ Addition

TITLE MGR
NAME GERDES, CLARENCE
STREET ADDRESS 2800 N.E. ISLAND COVE WAY, E2102
CITY-ST-ZIP STUART FL 34996 ☐ Delete

TITLE MGR
NAME GERDES, CLARENCE
STREET ADDRESS 9307 S Indian River Drive
CITY-ST-ZIP Ft. Pierce, FL 34982 ☒ Change ☐ Addition

TITLE MGR
NAME GERDES, MATTHEW
STREET ADDRESS 1616 S.W. PLEASANT LANE
CITY-ST-ZIP PORT ST LUCIE FL 34984 ☐ Delete

TITLE MGR
NAME Gerdes, Matthew
STREET ADDRESS 2317 SW Norton St
CITY-ST-ZIP Port St Lucie, FL ~~34953~~ 34953 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP 200004211522--8
-05/11/01--01060--013
*****50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Matthew Gerdes

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

Date

Daytime Phone #

3/12/01 561-336-1367

CR2E083 (11/00)