

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

Viable Products LC
L98000000262

Principal Place of Business

13803 W. Hillsborough Ave.
Tampa, FL 33635
USA

Mailing Address

13803 W. Hillsborough Ave.
Tampa, FL 33635
USA

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

593558327

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

Gitto, Jeffrey
1806 Morrison Ave.
Tampa, FL 33606

7. Name and Address of New Registered Agent

Name **Jeffrey Winters**

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

3945 Floramar Terrace

City **New Port Richey**

FL

Zip Code **34652**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restatesting)

8/6/01

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

000004536680--4
-08/15/01--01072--003
*******50.00 *****50.00**

9. MANAGING MEMBERS/MEMBERS

TITLE **President (Mgrm/Member)** ☐ Delete
NAME **Gitto, Jeffrey**
STREET ADDRESS **1806 Morrison Avenue**
CITY-ST-ZIP **Tampa, FL 33606**

TITLE **Vice President (Mgrm/Member)** ☐ Delete
NAME **Winters, Jeffrey**
STREET ADDRESS **3945 Floramar Terrace**
CITY-ST-ZIP **New Port Richey, FL 34652**

TITLE **Partner (Member)** ☐ Delete
NAME **Jones, Hanns F.**
STREET ADDRESS **1412 1/2 7th Avenue North**
CITY-ST-ZIP **St. Petersburg, FL 33705**

TITLE **Partner (Member)** ☐ Delete
NAME **Gelini, Floyd & Patti**
STREET ADDRESS **41 Burr Farms Road**
CITY-ST-ZIP **Westport, Ct 06880**

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE **President (Mgrm/Member)** ☒ Change ☐ Addition
NAME **Gitto, Jeffrey**
STREET ADDRESS **4950 Bayshore Boulevard #2**
CITY-ST-ZIP **Tampa, FL 33611**

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

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

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

TITLE **Partner (Mgrm/Member)** ☐ Change ☒ Addition
NAME **Michael Holton**
STREET ADDRESS **12201 Elsmere Court**
CITY-ST-ZIP **Tampa, FL 33602**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
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:

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

JEFFREY GITTO

08/02/01

813 316 0404

Date

Daytime Phone #

CP2E083 (11/00)