

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002362

1. Entity Name  
CFS INVESTMENTS, LLC

FILED

01 JAN 17 PM 2:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
2152 14TH CIRCLE NORTH  
ST. PETERSBURG FL 33734

Mailing Address  
2152 14TH CIRCLE NORTH  
ST. PETERSBURG FL 33734

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3544220

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

HOLCOMB, VICTOR W  
415 SOUTH HYDE PARK AVE.  
TAMPA FL 33606

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.

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 FLEETING, ROBERT  
STREET ADDRESS 2152 14TH CIRCLE NORTH  
CITY-ST-ZIP ST. PETERSBURG FL 33734 ☐ Delete

TITLE  
NAME  
STREET ADDRESS 600003567806--3  
CITY-ST-ZIP -01/23/01--01068--008  
\*\*\*\*\*50.00 \*\*\*\*\*50.00 ☐ Change ☐ Addition

TITLE MGR  
NAME SCHERER, CLARK H III  
STREET ADDRESS 2152 14TH CIRCLE NORTH  
CITY-ST-ZIP ST. PETERSBURG FL 33734 ☐ Delete

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

TITLE MGR  
NAME CHADWICK, HARRY  
STREET ADDRESS 2152 14TH CIRCLE NORTH  
CITY-ST-ZIP ST. PETERSBURG FL 33734 ☐ 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

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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 *Robert Fleeting* REQUIRED Robert Fleeting  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/10/01

727-321-8111

Date

Daytime Phone #

01/15/01

CR2E083 (11/00)