

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

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DOCUMENT # L98000002409

1. Entity Name
MARSICK/INDIA LLC

00 MAR 29 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

my 417



DO NOT WRITE IN THIS SPACE

Principal Place of Business
537 EAST PARK AVENUE
TALLAHASSEE FL 32301

Mailing Address
537 EAST PARK AVENUE
TALLAHASSEE FL 32301-2524

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 52-2133006

Applied For
Not Applicable

Zip

Country

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

UNDERWOOD, ROBERT L
537 EAST PARK AVENUE
TALLAHASSEE FL 32301

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 MARSICK, NICHOLAS
STREET ADDRESS 537 EAST PARK AVENUE
CITY- ST- ZIP TALLAHASSEE FL 32301 ☐ Delete

TITLE
NAME 500003208405-0 ☐ Change ☐ Addition
STREET ADDRESS -04/13/00--01134--002
CITY- ST- ZIP *****50.00 *****50.00

TITLE MGRM
NAME UNDERWOOD, ROBERT
STREET ADDRESS 537 EAST PARK AVENUE
CITY- ST- ZIP TALLAHASSEE FL 32301 ☐ Delete

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

TITLE
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CITY- ST- ZIP ☐ Delete

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

Nicholas Marsick NICHOLAS MARSICK 3-20-2000 925-260-9136

CR2E083 (9/99)