

2000 UNIFORM BUSINESS REPORT (UBR)

0009472 AF

DOCUMENT# L98000002709

1. Entity Name
START YOUR ENGINES (BRADENTON SOUTH), L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 29 AM 11:36

Principal Place of Business
2033 MAIN STREET, SUITE 600
SARASOTA FL 34237

Mailing Address
2033 MAIN STREET, SUITE 600
SARASOTA FL 34237-6049



2. Principal Place of Business
Suite, Apt. #, etc. 600
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc. 600
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0881946
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
PFLUGNER, J. GEOFFREY
2033 MAIN STREET, SUITE 600
SARASOTA FL 34237

7. Name and Address of New Registered Agent
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		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR FUERST, JAMES 2033 MAIN STREET, SUITE 600 SARASOTA FL 34237	☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR FUERST, KAREN L 2033 MAIN STREET, SUITE 600 SARASOTA FL 34237	☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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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 REQUIRED FUERST 2-25-00 941-907-9076
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)