

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L98000003035**

1. Entity Name

**AMERICAN BAR CODE SPECIALTIES, L.C.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 SEP -8 AM 10:02

Principal Place of Business

Mailing Address

5455 ASCOT BEND  
BOCA RATON FL 33496

5455 ASCOT BEND  
BOCA RATON FL 33496

2. Principal Place of Business

3. Mailing Address

**611 SOUTH 12TH STREET**

**611 SOUTH 12TH STREET**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**LEESBURG FL**

**LEESBURG FL**

Zip

Country

Zip

Country

**34748**

**USA**

**34748**

**USA**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COHEN, MARK D ESO**

**4000 HOLLYWOOD BLVD., STE 485 SO**

**HOLLYWOOD FL 33021**

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/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR**  
**LEVY, DANIEL**  
**5455 ASCOT BEND**  
**BOCA RATON FL 33496**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR**  
**LEVY, DANIEL**  
**611 SOUTH 12TH STREET**  
**LEESBURG FL 34748**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR**  
**MEFFORD, RODNEY**  
**5455 ASCOT BEND**  
**BOCA RATON FL 33496**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR**  
**MEFFORD, RODNEY**  
**611 SOUTH 12TH STREET**  
**LEESBURG, FL 34748**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**400003391894--3**  
**-09/13/00--01078--010**  
**\*\*\*\*\*55.00 \*\*\*\*\*55.00**

TITLE  
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CITY-ST-ZIP

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:

**RODNEY MEFFORD**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

**09/10/00 352 315 4326**

CR2E083 (5/00)