

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90214 047 ****50.00

DOCUMENT # L98000003276

1. Entity Name

JOSEPH J. CERVENKA, L.L.C.

Principal Place of Business

**5400 PALI WAY
 ST. PETERSBURG FL 33706**

Mailing Address

**5400 PALI WAY
 ST. PETERSBURG FL 33706**

2. Principal Place of Business

**1520 53rd St. S.
 Suite, Apt. #, etc.**

3. Mailing Address

**1520 53rd St. S.
 Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State

Gulfport, FL

City & State

Gulfport, FL

4. FEI Number

59-3565244

Applied For
 Not Applicable

Zip

Country

33707 USA

Zip

Country

33707 USA

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CERVENKA, JOSEPH J SR.
 5400 PALI WAY
 ST. PETERSBURG FL 33706**

7. Name and Address of New Registered Agent

Name **Patricia A. Cervenka**

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

1520 53rd St. S.

City

Gulfport

FL

Zip Code

33707

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

Patricia A. Cervenka

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

(NOTE: Registered Agent signature required when reinstating)

4/29/02

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR**
 NAME **CERVENKA, JOSEPH J SR.**
 STREET ADDRESS **5400 PALI WAY**
 CITY-ST-ZIP **ST. PETERSBURG FL 33706**
☒ 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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE **MGR**
 NAME **Patricia A. Cervenka**
 STREET ADDRESS **1520 53rd St. S.**
 CITY-ST-ZIP **Gulfport, FL 33707**
☐ Change ☒ Addition

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

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

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

CR2E083 (9/01)

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:

Patricia A. Cervenka

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

Date

Daytime Phone #

Mar 4/29/02 (813) 227-6647