

2001 UNIFORM BUSINESS REPORT (UBR)

0019442 AF

DOCUMENT # L98000003482

1. Entity Name

SBI ENTERPRISE, L.C.

FILED

01 JUN 18 PM 12:24

Principal Place of Business

Mailing Address

4115 LAFAYETTE AVENUE
SEBRING FL 33870

4115 LAFAYETTE AVENUE
SEBRING FL 33870

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

65-0849743

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCOLLUM, JAMES F
129 SOUTH COMMERCE AVENUE
SEBRING FL 33870

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
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
WALZ, NORBERT
4115 LAFAYETTE AVENUE
SEBRING FL 33870

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
mgr.
Waltz, Norbert
1117 us 275.
Sebring, FL 33870

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
000004438020--2
-06/22/01--01098--001
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☐ 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:

[Signature]
SEBRING FL 33870

6-15-01 382-2282
863-

CR2E083 (11/00)