

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90191 043 \*\*\*\*55.00

**DOCUMENT # L99000000422**

1. Entity Name

**SAUNDERS NCT BUSINESS BROKERS, LLC**

Principal Place of Business

~~101 STATE ROAD 3104 EAST~~ **5120 S. Lakeland**  
**LAKELAND FL 33803**

Mailing Address

P.O. BOX 6968  
 LAKELAND FL 33807-6968

2. Principal Place of Business

**5120 S. Lakeland Drive**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Lakeland, FL**

City & State

Zip

**33803**

Country

**USA**

Country

4. FEI Number

**59-3554364**

Applied For

Not Applicable

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

**TOUCHTON, DAVID M**  
**811 EAST MAIN STREET**  
**LAKELAND FL 33801**

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)

**4/24/02**

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**MGR**  
**SAUNDERS, DEAN**  
**1023 BRIGHTON WAY**  
**LAKELAND FL 33813**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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☐ 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:**

**David M. Touchton**

**4/24/02 (863) 683-6783**

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

Date

Daytime Phone #

CR2E083 (9/01)