

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001832

1. Entity Name

ENTERPRISE TRADING OF PINELLAS, LLC

FILED

00 JAN 24 PM 3:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

6529 CENTRAL AVENUE  
ST. PETERSBURG FL 33710

Mailing Address

6529 CENTRAL AVENUE  
ST. PETERSBURG FL 33710-9412

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applied

Zip

Country

Zip

Country

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

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 MGR  
NAME LOEBENBERG, DAVID  
STREET ADDRESS 6529 CENTRAL AVENUE  
CITY-ST-ZIP ST. PETERSBURG FL 33710 ☐ Delete

TITLE  
NAME 600003119086  
STREET ADDRESS -02/01/00--01106--001  
CITY-ST-ZIP \*\*\*\*\*50.00 \*\*\*\*\*50.01 ☐

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

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

01/20/00 727.347.890