**APPROVED** 

## 2000 UNIFORM BUSINESS REPORT (UBR)

L99000001956 DOCUMENT # 1. Entity Name 00 APR 26 PM 4: 07 RESOURCE ADVISORY BUSINESS, L.L.C. SECRETARY OF STATE TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business 6100 94TH AVENUE NORTH 6100 94TH AVENUE NORTH PINELLAS PARK FL 33782 PINELLAS PARK FL 33782-4804 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE  $\mathcal{M}\mathcal{M}\mathcal{M}$ 4. FEI Number City & State City & State Applied For Not Applicable: Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BOURKE, ROBERT Street Address (P.O. Box Number is Not Acceptable) 6100 94TH AVENUE NORTH PINELLAS PARK FL 33782 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$50.00 200003249442--05/11/00--01118--023 Make Check Payable to Department of State \*\*\*\*5<u>0,00</u> MANAGING MEMBERS/MEMBERS 10. ADDITIONS/CHANGES 9. ■ Addition MGRM TITLE Change TITLE ☐ Delete BOURKE, ROBERT A NAME MAME 6100 94TH AVENUE NORTH STREET ADDRESS STREET ADDRESS PINELLAS PARK FL 33782 CITY-ST-ZIP CITY- 21-71P ☐ Addition Change TITLE □ Delete TITLE MAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP. ■ Addition TITLE ☐ Detate TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP .... Detete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE MAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY- 21-719 Addition Delete TITLE ☐ Change TITLE ! NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

OSCHELLE REQUIRED

4/19/00

727-544-7185

Daytime Phone #