

2000 UNIFORM BUSINESS REPORT (UBR)

AND
FILED

00 APR -3 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mg 4/18



DO NOT WRITE IN THIS SPACE

DOCUMENT # L99000002363

1. Entity Name

REAL TIME INVESTMENT, L.L.C.

Principal Place of Business

2657 EIGHT AVENUE
ST. JAMES CITY FL 33956

Mailing Address

2657 EIGHT AVENUE
ST. JAMES CITY FL 33956-2181

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BIGLEY, JOSEPH S
2657 EIGHT AVENUE
ST. JAMES CITY FL 33956

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
BIGLEY, JOSEPH S
2657 EIGHT AVENUE
ST. JAMES CITY FL 33956 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition
600003217676--4
04/20/00-01112-017
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

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CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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:

Joseph S. Bigley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1-4-00 (941) 282-5576

Date

Daytime Phone #

CR2E083 (9/99)