

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000002644**

1. Entity Name
UNITED CONSUMERS NETWORK, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 19 PM 4:12

Principal Place of Business Mailing Address
40 CEDAR CIRCLE 40 CEDAR CIRCLE
BOYNTON BEACH FL 33462 BOYNTON BEACH FL 33462



DO NOT WRITE IN THIS SPACE

MJH

2. Principal Place of Business 3. Mailing Address
14545 J Military Tr. **14545 J Military Tr.**
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Delray Bch, FL **Delray Beach, FL**
Zip Country Zip Country
33445 USA **33445 USA**

4. FEI Number Applied For
165-0918804 Not Applicable
5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CURTIS, JEANNE M
40 CEDAR CIRCLE
BOYNTON BEACH FL 33462

7. Name and Address of New Registered Agent

Name **CT Corporation System**
Street Address (P.O. Box Number is Not Acceptable)
1200 Se Pine Island Rd.
City **Plantation** FL Zip Code **33324**

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 **PETER F. SOUZA** **7/14/00**
ASSISTANT SECRETARY
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

000003334960--6
-07/25/00--01052--001
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	CURTIS, JEANNE M	
STREET ADDRESS	40 CEDAR CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH FL 33462	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	14545 J Military Tr.	
STREET ADDRESS	Delray Bch, FL 33445	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: **7/12/00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (5/00)