

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0009655 AF

DOCUMENT # L99000003319

1. Entity Name
BIZ "R" SERVICES, LLC

00 APR 18 PM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4560 6TH AVENUE
ST AUGUSTINE FL 32095

Mailing Address
4560 6TH AVENUE
ST AUGUSTINE FL 32095-6068



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3581295

Applied For

Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

MNM

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEVENS, EDWIN R
4560 6TH AVENUE
ST AUGUSTINE FL 32095

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

MGRM
STEVENS, EDWIN R JR
4560 6TH AVENUE
ST AUGUSTINE FL 32095

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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100003238 731-0-0
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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:

Edwin R. Stevens Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

904 824 6415

CR2E083 (9/99)