

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 JUN -7 AM 9:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L99000003493**

1. Entity Name  
**BREAKAWAY GRAPHICS, L.L.C.**

Principal Place of Business Mailing Address  
~~1238 THOMASVILLE CIR~~ PO BOX 6403  
~~LAKELAND FL 33811~~ LAKELAND FL 33807-6403



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **6607 Shepherd Oaks St.**  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
**Lakeland FL**

City & State

4. FEI Number **59-3556813**

Applied For  
Not Applicable

Zip **33811**

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**

**BANTTARI, JAMES P**  
~~1238 THOMASVILLE CIR~~  
~~LAKELAND FL 33811~~

Name

Street Address (P.O. Box Number is Not Acceptable)

**6607 Shepherd Oaks St**

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

**James Banttari**

**05-01-00**

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  Delete  
NAME **MGRM BANTTARI, JAMES P**  
STREET ADDRESS ~~1238 THOMASVILLE CIR~~  
CITY-ST-ZIP **LAKELAND FL**

TITLE  Change  Addition  
NAME **6607 Shepherd Oaks St**

TITLE  Delete  
NAME **MGRM SLONAKER, MELISSA D**  
STREET ADDRESS ~~1238 THOMASVILLE CIR~~  
CITY-ST-ZIP **LAKELAND FL**

TITLE  Change  Addition  
NAME **Banttari, Melissa D**  
STREET ADDRESS **Shepherd Oaks St**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME **200003296702-6**  
STREET ADDRESS **-06/20/00-01035-026**  
CITY-ST-ZIP **\*\*\*\*\*50.00 \*\*\*\*\*50.00**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

**05-01-00**

Date

**883-579-3327**

Daytime Phone #