

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003982

1. Entity Name

ACQUISITION VENTURES I, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JAN 12 AM 10:47

Principal Place of Business

4350 W CYPRESS STREET
SUITE 440
TAMPA FL 33607

Mailing Address

4350 W CYPRESS STREET
SUITE 440
TAMPA FL 33607-4154

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

533 S. HOWARD AVE

Suite, Apt. #, etc.

PMB #853

City & State

TAMPA FL

Zip

33606

Country

USA

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

MJH

6. Name and Address of Current Registered Agent

LEONARD, RIVERSON S
4350 W CYPRESS STREET
SUITE 440
TAMPA FL 33607

7. Name and Address of New Registered Agent

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

TITLE MGR
NAME LEONARD, RIVERSON S
STREET ADDRESS 4350 W CYPRESS STREET SUITE 440
CITY- ST- ZIP TAMPA FL 33607

TITLE
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10. ADDITIONS/CHANGES

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

Date

Daytime Phone #

1-4-00

813-414-0233

CR2E083 (9/99)