

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90187 022 \*\*\*\*55.00

0004459

**DOCUMENT # L99000004239**

1. Entity Name

**CORPORATE IMAGE BUREAU LC**



Principal Place of Business

Mailing Address

**445 DOUGLAS AVE., STE 2005-1  
ALTAMONTE SPRINGS FL 32714**

**445 DOUGLAS AVE., STE 2005-1  
ALTAMONTE SPRINGS FL 32714**

2. Principal Place of Business

**468 WILD OAK CIRCLE**

3. Mailing Address

**468 WILD OAK CIRCLE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**LONGWOOD FL.**

City & State

**LONGWOOD FL.**

Zip

**32779**

Country

**USA**

Zip

**32779**

Country

**USA**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3580109**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FERREIRA, JUAN C.  
445 DOUGLAS AVE., STE 2005-1  
ALTAMONTE SPRINGS FL 32714**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and the "I" applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/28/03**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete  
NAME **FERREIRA, JUAN C**  
STREET ADDRESS **445 DOUGLAS AVE., STE 2005-1**  
CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

TITLE ☒ Change ☐ Addition  
NAME **468 WILD OAK CIRCLE**  
STREET ADDRESS **LONGWOOD FL.**  
CITY-ST-ZIP **32779**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

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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**

**4/28/03 407-774-9949**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #

CR2E083 (10/02)