

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004780

1. Entity Name

TRADINGMOTHER.COM, L.L.C.

FILED

00 JAN 20 PM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1051 OCEAN SHORE BLVD., #605
ORMOND BEACH FL 32176

Mailing Address

1051 OCEAN SHORE BLVD., #605
ORMOND BEACH FL 32176-4198



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

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

LEAFER, LARRY

1051 OCEAN SHORE BLVD., #605
ORMOND BEACH FL 32176

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 NAME ☐ Delete
MGR
LEAFER, LARRY
STREET ADDRESS 1051 OCEAN SHORE BLVD., #605
CITY-ST-ZIP ORMOND BEACH FL 32176

TITLE NAME ☐ Delete
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ADDITIONS/CHANGES

☐ Change ☐ Addition

600003111806--4
-01/26/00--01110--006
*****50.00 *****50.00

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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:

Larry Lefer
SIGNATURE REQUIRED

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

Date

Daytime Phone #

1-16-00 904-441-7654