

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0000988 AF

DOCUMENT # L99000004810

1. Entity Name
LAW OFFICE OF JAMES J. FLICK, L.L.C.

00 MAY 12 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
940 HIGHLAND AVENUE
ORLANDO FL 32803

Mailing Address
940 HIGHLAND AVENUE
ORLANDO FL 32803-3237



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3117 Edgewater Drive
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 592036
Suite, Apt. #, etc.

City & State
Orlando, FL
Zip
32804

City & State
Orlando, FL
Zip
32859-2036

4. FEI Number
59-3600343
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
FLICK, JAMES J
940 HIGHLAND AVENUE
ORLANDO FL 32803

7. Name and Address of New Registered Agent
Name
James J. Flick
Street Address (P.O. Box Number is Not Acceptable)
3117 Edgewater Drive
City
Orlando
State
FL
Zip Code
32804

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 J. Flick
Signature, typed or printed name of registered agent and title if applicable.
(NOTE: Registered Agent signature required when reinstating)
Signature James J. Flick
DATE 4/28/00

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FLICK, JAMES J 6903 BARBY LANE ORLANDO FL 32812	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	200003279453-02 -06/07/00--01018-016 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: James J. Flick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER
Date 4/28/00
Daytime Phone # 407-426-8818

CR2E083 (9/99)