

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 21 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # L99000004846

1. Entity Name

BUZZBOYS, LLC

Principal Place of Business

Mailing Address

2. Principal Place of Business

13014 N. DALE MABRY HWY

Suite, Apt. #, etc.

SUITE 356

City & State

TAMPA, FL

Zip

33618

Country

3. Mailing Address

13014 N. DALE MABRY HWY

Suite, Apt. #, etc.

SUITE 356

City & State

TAMPA, FL

Zip

33618

Country

MM

4. FEI Number

59-3590793

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HODGES, GEOFFREY T ESQ.
400 NORTH TAMPA STREET, SUITE 2630
TAMPA FL 33602

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 NAME MGR
STREET ADDRESS SCHWENCKE, KIM M
CITY- ST- ZIP 11015-A NORTH DALE MABRY HIGHWAY
TAMPA FL 33618

TITLE NAME
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CITY- ST- ZIP

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STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE NAME
STREET ADDRESS 13014 N. DALE MABRY - SUITE 356
CITY- ST- ZIP TAMPA, FL 33618

TITLE NAME
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CITY- ST- ZIP

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TITLE 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:

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

4-18-00

Date

813-269-0899x102

Daytime Phone #

CR2E083 (9/99)