

# 2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0017813  
AF

DOCUMENT # **L99000004846**

1. Entity Name

**BUZZBOYS, LLC**

01 APR 26 PM 1:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>13014 N. DALE MABRY HWY. SUITE 356 TAMPA FL 33618</b>	Mailing Address <b>13014 N. DALE MABRY HWY. SUITE 356 TAMPA FL 33618</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-3590793</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required			
City & State		City & State					
Zip	Country	Zip	Country				

**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	
<b>FL</b>	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 \_\_\_\_\_ (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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR SCHWENCKE, KIM M 13014 N. DALE MABRY, SUITE 356 TAMPA FL 33618</b> <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**400004191184--9**  
**-05/09/01--01036-015**  Change  Addition  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

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: *me* SIGNATURE REQUIRED M. Schwencke 4/19/01 813-269-0899  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)