

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

L99-5381

L99000005381

1. Entity Name

MAKOWSKI + ASSOCIATES CONSULTING, L.L.C.

Principal Place of Business

JACKSONVILLE

Mailing Address

4651 SALISBURY ROAD, SUITE 160
JACKSONVILLE, FL 32258-6190

FILED

01 MAY 17 AM 9:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

4651 SALISBURY ROAD

3. Mailing Address

SAME

Suite, Apt. #, etc.

160

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

4. FEI Number

59-3718027

☒ Applied For

☐ Not Applicable

DO NOT WRITE IN THIS SPACE

Zip

32258-6190

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAYMOND E. MAKOWSKI
(SAME)

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)

600004423376-9

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

-06/18/01--01005--004

*****50.00 *****50.00

BK

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEMBER/MANAGER
RAYMOND E. MAKOWSKI
(SAME AS ABOVE)

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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☐ Change ☐ 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:

Kay E. Mills

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

4-19-01

(804) 296-4777

Date

Daytime Phone #

CR2E083 (11/00)