

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000006012**

1. Entity Name

INVESTMENT OPPORTUNITIES, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 24 AM 11:39

Principal Place of Business

4625 EAST BAY DRIVE, SUITE 308  
LARGO FL 33764

Mailing Address

4625 EAST BAY DRIVE, SUITE 308  
LARGO FL 33764-6868



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DO NOT WRITE IN THIS SPACE

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

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

Name

T. J. CARRIGAN & CO INC

Street Address (P.O. Box Number is Not Acceptable)

1182 W. HILLSBOROUGH AVE

City

TAMPA

FL

Zip Code

33635

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

*Thomas J. Carrigan*

THOMAS J. CARRIGAN

2-9-2000

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

10. ADDITIONS/CHANGES

TITLE NAME MGRM JAY WAYNE BROCK  Delete  
STREET ADDRESS 4625 EAST BAY DRIVE, SUITE 308  
CITY-ST-ZIP LARGO FL 33764

TITLE NAME MGRM DAMON CARLSON  Change  Addition  
STREET ADDRESS 4625 EAST BAY DRIVE # 308 DC.  
CITY-ST-ZIP CLEARWATER, FL 33764

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
STREET ADDRESS 800003165558-4  
CITY-ST-ZIP -03/10/00-01094-010  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
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:

*Damon Carlson*

REQUIRED

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

Date

Daytime Phone #

(727) 533-8030

CR2E083 (9/99)