

2001 UNIFORM BUSINESS REPORT (UBR)

0024588 AF

DOCUMENT # L99000006228

1. Entity Name
ENTOMOS, L.L.C.

FILED

01 APR 24 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
4445 SW 35TH TERRACE, #310
GAINESVILLE FL 32608

Mailing Address
4445 SW 35TH TERRACE, #310
GAINESVILLE FL 32608

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3599412

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

WHITE, JAMES H
4445 SW 35TH TERRACE, #310
GAINESVILLE FL 32608

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

10.

ADDITIONS / CHANGES

TITLE MGR
NAME BENBROOK, CHARLES M
STREET ADDRESS 5085 UPPER PACK RIVER ROAD
CITY-ST-ZIP SAND POINT SD 83864

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

200004137562-05
-05/04/01--01112--013
*****50.00 *****50.00

TITLE MGR
NAME WHITE, JAMES H
STREET ADDRESS 4445 SW 35TH TERRACE, #310
CITY-ST-ZIP GAINESVILLE FL 32608

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE MGR
NAME KERN, ALBERT D
STREET ADDRESS 320 BELLAIRE
CITY-ST-ZIP DEL MAR CA 92014

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

☐ 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:

SIGNATURE REQUIRED

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

Date

Daytime Phone #

4/23/01 3523716498

CR2E083 (11/00)