APPROVED

813.251.2765

Daytime Phone #

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9900006301				AND FILED	
*				SECRETARY OF STATE TALLAHASSEE, FLORIDA	
•	e of Business	Mailing Address		MCCAHA 305C, FLONIDA	
1306 WEST KENNEDY BOULEVARD 1306 WEST KENNEDY BOU TAMPA FL 33606 TAMPA FL 33606-1849			BOULEVARU		
Principal Place of Business 3. Mailing Address				İ	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number Applied For 593483471 Not Applied For	ماد
Zip	Country	Zip	Country	5 Certificate of Status Desired 5.00 Additional	
	6. Name and Address of Curre	nt Registered Agent		7. Name and Address of New Registered Agent	
STRASKE	STEPHEN B'II		Name		
101 EAST KENNEDY BOULEVARD, SUITE 3700			Street Address	ss (P.O. Box Number is Not Acceptable) 306 W Kennedy Blvd	
TAMPA FL 33602			Tar	ampa, FL 33606	
			City	FL Zip Code	
8. The above	named entity submits this statement	for the purpose of changing	its registered office or regist	stered agent, or both, in the State of Florida.	
SIGNATURE .					
	Signature, typed or printed name of registered age	nt and title if applicable. (N	IOTE: Registered Agent signature requi	uired when reinstating) DATE	\dashv
			NOW!!! FEE IS \$50.00 Payable to Department		
9. TITLE	MANAGING MEM Managing Members	BERS/MEMBERS	10.	ADDITIONS/CHANGES Change Additive	_ @
NAME	James L & Cecelia D	Ferman	MAME		E083 (9/99)
STREET ADDRESS CITY-ST-ZIP	1306 W Kennedy Blvd Tampa, FL 33606		STREET ADDRESS CITY-ST-ZIP		
	Managing Members	☐ Delete	TITLE	Change Addith	4
NAME STREET ADDRESS	Preston L & Laura F	•	NAME STREET ADDRESS	9000032915796 -06/15/0001078016	3
CITY-8T-ZIP	1306 W Kennedy Blvd Tampa, FL 33606		CITY-ST-ZIP	-(15/15/0001078010 *****50,00 *****50.00	
TITLE	-Managing Members-			Change	
NAME STREET ADDRESS	Stephen B & Janice 1306 W Kennedy Blv		NAME STREET ADDRESS		ļ
CITY-ST-ZIP	Tampa, FL 33606		CITY- ST- ZIP		_
TITLE NAME	•	Deleta	TITLE NAME	☐ Change ☐ Addition	מנ
STREET ADORESS			STREET ADDRESS		
CITY- 8T- ZIP			CITY- 8T-ZIP		
TITLE MAME		☐ Delete	TITLE NAME	Cbange Addition	,m
STREET ADDRESS		·	STREET ADDRESS		
CITY-81-ZIP	-		CITY- \$1- ZIP	☐ Change / ☐ Addition	
TITLE Naÿe		Oelets	TITLE NAME	Cossigns — Aumor	
8. JEET ADDRESS			STREET ADDRESS		ĺ
City-St-ZiP	partify that the information synchicd w	ith this filing does not qualify	for the exemption stated in	Section 119.07(3)(i), Florida Statutes. I further certify that the information	-
indicated limited lia	on this report is true and accurate ar bility company of the receiver or trus	nd that my signature shall have empowered to execute the	ve the same legal effect as it is report as required by Cha	if made under oath; that I am a managing member or manager of the napter 608, Florida Statutes.	

James La Ferman,

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

SIGNATURE: