

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 21 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MWM

DO NOT WRITE IN THIS SPACE

DOCUMENT # L99000006403

1. Entity Name

E-TINIAN, L.L.C.

Principal Place of Business

250 INTERNATIONAL PARKWAY, SUITE 226
HEATHROW FL 32746

Mailing Address

250 INTERNATIONAL PARKWAY, SUITE 226
HEATHROW FL 32746-5006

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3497806

Applied For

Not Applicable

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

GRAY, N. DWAYNE JR.
C/O GREENSPOON, MARDER, HIRSHFELD, RAFKIN
135 WEST CENTRAL BOULEVARD, SUITE 1100
ORLANDO FL 32801

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
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
WHITE, ROBERT
325 LESLIE LANE
LAKE MARY FL 32746 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
220 SOUTHERN MAGNOLIA LANE
SANFORD, FL 32771 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
GRAY, N. DWAYNE JR.
1661 CHEYENNE TRAIL
MAITLAND FL 32751 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
900003243039--0
-05/08/00--01117--011
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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☐ Delete

TITLE
NAME
STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Robert White 4/18/00. 407-804-9100

Date

Daytime Phone #

CR2E083 (9/99)