2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006664 DAVID F. NEUBAUER, LLC 0 APR 27 PN 4: 26 SECRETARY OF STATE FALL/ARASSEL, FLORIDA Principal Place of Business Suris, April 4, etc. Suris, April 4, etc. Suris, April 4, etc. City & State City	2001 UNIFORM BUSINESS REPORT (UBR)							APPROVED			
DAVID F. NEUBAUER, LC OI APR 27 PH 4: 26 SECRETARY OF STATE FALL CARASSEL, FL ORIDA SUB-ACH FL 92174 ORIGINO BEACH FL 92179 S. Mailing Address Sulfa, Apt F. etc. DO NOT WRITE IN This state DO NOT WRITE IN THIS SPACE City & State City & State City & State County Zip County Zip County Zip County Zip County SecretActed of Shous Deviced SecretActed of Shous Deviced SecretActed of Shous Deviced Name and Address of New Registered April Netro SecretActed of Shous Deviced Name ACH Active SecretActed of Shous Deviced Secretary	DOCUMENT # L9900006664							FILED			
### Address of Place of Business 2. Principal Place of Business Sulfa, Apt. #, etc. Surfa, Apt. #, etc. City & State Chy & State	·						01 APR 27 PM 4: 26				
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City & State City & State City & State Country Country Country S. Certificate of Status Desired Sp. 35,84160 S. Certificate Sp. 35,000 Additional Feeb Polydecircle Street Address of Name Registered Agent Name NeuBauer, DAVID F 487, JOHN ANDERSON DRIVE ORMOND BEACH FL 32174 City FL Zip Code City FL	Principal Place of Business Address Address					 .					
Space Spac	Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
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Name and Address of Current Registered Agent Name	Zip	Country		Zip	Zip Country		5. Cert	ificate of Status Desired	\$5.00 Add	ditional	
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AST JOHN ANDERSON DRIVE ORMOND BEACH FL. 32174 8. The above named entity submits this statement for the purpose of changing its registered office or registored agent, or both, in the State of Florida. SIGNATURE Signature, your of or protect norms of registered agent and the if applicable. PILE N. W.III. FEE IS \$50.00 Make Check Pp able to Department of State PILE N. W.III. FEE IS \$50.00 Make Check Pp able to Department of State MANAGING MEMBERS/MEMBERS III. NAME SIFEET ADDRESS OITY-51-2P OTHER MANAGING MEMBERS MEMBERS MEMBERS OITY ST-2P OTHER NAME SIFEET ADDRESS OITY-51-2P OTHER NAM					,	Vame			,		
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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 principle agent and title if applicable. (1/01) Regulated Agent square required when re-relating) DATE						<u>=</u>	,			· ·	
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