

2000 UNIFORM BUSINESS REPORT (UBR)

0017962 SP

DOCUMENT # L99000007502

1. Entity Name
UTOPIX CONSULTING CA, LLC

SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 00 FEB 11 AM 11:08

Principal Place of Business
 7919 ROYAL BIRKDALE CIRCLE
 BRADENTON FL 34202

Mailing Address
 7919 ROYAL BIRKDALE CIRCLE
 BRADENTON FL 34202



2. Principal Place of Business
 7919 Royal Birkdale Cir
 Suite, Apt. #, etc.

3. Mailing Address
 7919 Royal Birkdale Cir
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 Bradenton, FL

Zip
 34202

Country
 USA

4. FEI Number
 650965173

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
 LINN, ROBERT
 7919 ROYAL BIRKDALE CIRCLE
 BRADENTON FL 34202

7. Name and Address of New Registered Agent
 Name: Linn, Robert
 Street Address (P.O. Box Number is Not Acceptable):
 7919 Royal Birkdale Cir
 City: Bradenton FL Zip Code: 34202

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 *R. Linn* (R. Linn) **DATE** 2/5/2000

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MGRM	<input type="checkbox"/> Delete
NAME LINN, ROBERT	
STREET ADDRESS 7919 ROYAL BIRKDALE CIRCLE	
CITY - ST - ZIP BRADENTON FL 34202	

10. ADDITIONS/CHANGES

TITLE MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LINN, ROBERT	
STREET ADDRESS 7919 ROYAL BIRKDALE CIRCLE	
CITY - ST - ZIP BRADENTON FL 34202	

mf 2/22/00

600003148916-02/28/00--01020--019
 *****50.00 *****50.00

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: *Robert Linn* **DATE** 2/5/2000 **Daytime Phone #** (941) 907-6703

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

CR2E083 (9/99)