

## 001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007776

Entity Name

S-PACIFIC TECHNOLOGIES, LLC

FILED

01 FEB 23 PM 2:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Place of Business

Same

Mailing Address

U.S. HIGHWAY 19 NORTH

SUITE 325

PALM HARBOR FL 34684

33920 U.S. HIGHWAY 19 NORTH

SUITE 325

PALM HARBOR FL 34684

Principal Place of Business

3. Mailing Address

33920 U.S. Hwy 19 N 325

33920 U.S. Hwy 19 N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

325

325

City &amp; State

City &amp; State

Palm Harbor, FL

Palm Harbor, FL

Zip

Country

Zip

Country

34684

USA

34684

USA

4. FEI Number

36-4327401

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Robert E. Johnson P.A.

Street Address (P.O. Box Number is Not Acceptable)

100 North Tampa

Suite 3500

City

Tampa

FL

Zip Code

33600

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	<input type="checkbox"/> Delete
NAME	BIERBAUM, CARL	
STREET ADDRESS	33920 U.S. HIGHWAY 19 NORTH, #325	
CITY - ST - ZIP	PALM HARBOR FL 34684	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Delete
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CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	400003782354--5	
CITY - ST - ZIP	-02/27/01--01059--008	
	*****50.00 *****50.00	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Carl Bierbaum

2/7/01

727 771 7677

CR2E083 (11/00)