

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

001600 AF

DOCUMENT # **L99000007981**

1. Entity Name  
**C & L INNOVATIONS, LLC**

00 APR 24 PM 3: 05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
4265 AUSTON WAY 4265 AUSTON WAY  
PALM HARBOR FL 34685 PALM HARBOR FL 34685-4015



2. Principal Place of Business Suite, Apt. #, etc.  
3. Mailing Address Suite, Apt. #, etc.

City & State City & State

*mjm*

DO NOT WRITE IN THIS SPACE

Zip Country Zip Country

4. FEI Number  Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**CHONG, WEI-LI**  
4265 AUSTON WAY  
PALM HARBOR FL 34685

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
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 NAME MGR CHONG, WEI-LI STREET ADDRESS 4265 AUSTON WAY CITY-ST-ZIP PALM HARBOR FL 34685	<input type="checkbox"/> Delete
TITLE NAME MGR NEVE, SEAN LA STREET ADDRESS 12404 PLANTATION PINE LANE, #205 CITY-ST-ZIP TAMPA FL 33635	<input type="checkbox"/> Delete
TITLE NAME MGR ADAMS, AL STREET ADDRESS 1205 N. ROTARY DRIVE CITY-ST-ZIP HIGHPOINT NC 27262	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

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

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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: WEI-LI CHONG 4/24/00 727-643-4033  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)