

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90613 028 *****50.00

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DOCUMENT # L99000008131

1. Entity Name

LANSKY & COURTNEY, P.L.



Principal Place of Business

**337 E. ROBERTSON STREET
BRANDON FL 33511**

Mailing Address

**337 E. ROBERTSON STREET
BRANDON FL 33511**

2. Principal Place of Business

137 S. PARSONS AVE

Suite, Apt. #, etc.

3. Mailing Address

137 S. PARSONS AVE.

Suite, Apt. #, etc.

City & State

BRANDON, FL

City & State

BRANDON, FL

Zip

33511

Country

U.S.A.

Zip

33511

Country

U.S.A.

4. FEI Number

59-3610007

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**LANSKY, GLEN R
337 EAST ROBERTSON STREET
BRANDON FL 33511**

7. Name and Address of New Registered Agent

Name **GLEN R. LANSKY**

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

137 S. PARSONS AVE.

City

BRANDON

FL

Zip Code

33511

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	LANSKY, GLEN R	
STREET ADDRESS	337 E. ROBERTSON ST.	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	COURTNEY, PATRICK B	
STREET ADDRESS	337 E. ROBERTSON ST.	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	137 S. PARSONS AVE.	
CITY-ST-ZIP	BRANDON, FL 33511	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	137 S. PARSONS AVE.	
CITY-ST-ZIP	BRANDON, FL 33511	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

04-01-03

Date

813-657-1995

Daytime Phone #

CR2E083 (10/02)