

2000 UNIFORM BUSINESS REPORT (UBR)

0011635 AF

DOCUMENT # L99000008343

1. Entity Name
BYEBYENOW.COM VENTURES 1, LLC

SECRETARY OF
DIVISION OF CORPORATIONS

00 FEB 25 AM 9:14

Principal Place of Business

101 PHILIPPE PKWY

STE 300

SAFETY HARBOR FL 34695

Mailing Address

101 PHILIPPE PKWY

STE 300

SAFETY HARBOR FL 34695-3662



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Same as above

3. Mailing Address

Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARKER, GERALD C

101 PHILIPPE PKWY

STE 300

SAFETY HARBOR FL 34695

Name

n/a

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

n/a

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

2/3/00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
manager
Raymond Acuder
101 Philippe Pkwy, Suite 310
Safety Harbor, FL 34695

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
800003164338--2
-03/09/00--01095--016
*****55.00 *****55.00

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 OR MANAGER

1/24/00

Date

(727) 669-0645

Daytime Phone #

CR2E083 (9/99)