

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008583

1. Entity Name

THE BACK STRAP LLC

Principal Place of Business

2942 W. COLUMBUS DR., SUITE 101
TAMPA FL 33607

Mailing Address

2942 W. COLUMBUS DR., SUITE 101
TAMPA FL 33607

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3652474

Applied For

Not Applicable

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

ZWIRN, JEFFREY J ESQ

4021 N. ARMENIA AVE., SUITE 103
TAMPA FL 33607

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

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/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete
MGRM
MILLER, DONNA S
STREET ADDRESS 2942 W. COLUMBUS DR., SUITE 101
CITY-ST-ZIP TAMPA FL 33607

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

TITLE NAME ☐ Delete
MGRM
MILLER, BRUCE W
STREET ADDRESS 2942 W. COLUMBUS DR., SUITE 101
CITY-ST-ZIP TAMPA FL 33607

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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:

Donna S Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

8-29-00
Date

813-287-2111
Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 SEP -5 AM 10:02



DO NOT WRITE IN THIS SPACE

CR2E083 (5/00)