

# 2000 UNIFORM BUSINESS REPORT (UBR)

L99000008659

## DOCUMENT #

1. Entity Name  
INDLESS COM L.L.C.

FILED

00 APR 12 PM 1:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
2805 E OAKLAND PARK BLVD #239  
FORT LAUDERDALE, FL 33306

2. Principal Place of Business 3. Mailing Address  
E OAKLAND PARK BLVD 2805 E OAKLAND PARK BLVD

Suite, Apt. #, etc.  
239

Suite, Apt. #, etc.  
239

DO NOT WRITE IN THIS SPACE

City & State  
FORT LAUDERDALE

City & State  
FORT LAUDERDALE

4. FEI Number ☒ Applied For  
Not Applicable

Zip  
33306

Country  
FL

Zip  
33306

Country  
FL

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

HARTMANN, WERNER.T  
2805 E OAKLAND PARK BLVD #239  
FORT LAUDERDALE, FL 33306

Name  
HARTMANN, WERNER.T  
Street Address (P.O. Box Number is Not Applicable)  
2805 E OAKLAND PARK BLVD #239  
FORT LAUDERDALE FL Zip Code 33306

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  WERNER HARTMANN  
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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PRES.	WERNER T. HARTMANN	2805 E OAKLAND PARK # 239	FORT LAUDERDALE, FL 33306	<input type="checkbox"/>
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
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
		300003219493--5	04/24/00--01020--007	<input type="checkbox"/>	<input type="checkbox"/>
		*****55.00	*****55.00	<input type="checkbox"/>	<input type="checkbox"/>
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

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 OR MANAGER

Date

Daytime Phone #

CR2E083 (11/99)