

2000 UNIFORM BUSINESS REPORT (UBR)

L99000008744

DOCUMENT

1. Entity Name

CERTIFIED RECORDS MANAGEMENT, L.L.C.

Principal Place of Business

4300 E. 7th Avenue
Tampa, Florida 33605

Mailing Address

P.O. Box 76155
Tampa, FL 33675

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

59-3611278

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

Paul J. Sierra
912 W. Martin Luther King, Jr. Blvd.
Tampa, Florida 33603

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

William E. Gerrell IV

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/29/2008

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member William E. Gerrell IV 4300 E. 7th Avenue Tampa, Florida 33605	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Paul J. Sierra 912 W. Martin Luther King, Jr. Blvd. Tampa, Florida 33603	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Frank G. Cisneros 500 N. Westshore Blvd., Suite 405 Tampa, Florida 33609	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	600003273596 -06/01/00--01058--018 *****50.00 *****50.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME 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:

William E. Gerrell IV

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

APPROVED
AND
FILED

00 MAY -5 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

651752

DO NOT WRITE IN THIS SPACE

CR2E083 (11/99)