

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000008744**

1. Entity Name

CERTIFIED RECORDS MANAGEMENT, L.L.C.

APPROVED
AND
FILED

01 MAY -7 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
912 W. MARTIN LUTHER KING JR BLVD
TAMPA FL 33603

Mailing Address
912 W. MARTIN LUTHER KING JR BLVD
TAMPA FL 33603

2. Principal Place of Business
4300 E. 7th Ave.

3. Mailing Address
P.O. Box 76155

Suite, Apt. #, etc.
Tampa, FL 33605

Suite, Apt. #, etc.
Tampa, FL

City & State



DO NOT WRITE IN THIS SPACE

Zip
33675

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

SIERRA, PAUL J
912 W. MARTIN LUTHER KING JR. BLVD
TAMPA FL 33603

7. Name and Address of New Registered Agent

Name
William E. Gerrell

Street Address (P.O. Box Number is Not Acceptable)
4300 E. 7th Ave.

City
Tampa FL 33605

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* *4/30/2001*

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

MGRM
GERRELL, WILLIAM E
4300 E. 7TH AVENUE
TAMPA FL 33605

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
SIERRA, PAUL J
912 W. MARTIN LUTHER KING, JR. BLVD.
TAMPA FL 33603

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Delete

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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*******50.00 *****50.00**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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☐ 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*

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

4/30/2001

Date Daytime Phone #