

9/18

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Oct 01, 2002 8:00 am**  
**Secretary of State**

09-18-2002 90054 019 \*\*\*\*50.00

**DOCUMENT # L99000008751**

1. Entity Name  
**OTCB, LLC**

Principal Place of Business  
**12385 AUTOMOBILE BLVD.  
 CLEARWATER FL 33762**

Mailing Address  
**12385 AUTOMOBILE BLVD.  
 CLEARWATER FL 33762**

2. Principal Place of Business  
**500 5th Ave. S.**  
 Suite, Apt. #, etc.  
**522**

3. Mailing Address  
**c/o Richard Santerre**  
**500 5th Ave. S. #522**  
 Suite, Apt. #, etc.  
**522**

City & State  
**Naples FL**  
 Zip  
**34102**

Country  
**USA**

City & State  
**Naples FL**  
 Zip  
**34102**

Country  
**USA**

4. FEI Number **59-3367637**

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**

**CRONIN, MICHAEL T.**  
**911 CHESTNUT STREET**  
**CLEARWATER FL 33756**

Name **DONALD P. REED**  
 Street Address (P.O. Box Number is Not Acceptable)  
**100 SECOND AVE. SOUTH**  
**# 200-5**  
 City **ST. PETERSBURG FL** Zip Code **33701**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Donald P. Reed** **DONALD P. REED**

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

(NOTE: Registered Agent signature required when reinstating)

**9/17/02**  
 DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By September 25, 2002**

**9. MANAGING MEMBERS/MANAGERS****10. ADDITIONS/CHANGES**

TITLE **MGR** ☒ Delete  
 NAME **SANTERRE, BARRY J**  
 STREET ADDRESS **12385 AUTOMOBILE BLVD.**  
 CITY-ST-ZIP **CLEARWATER FL 33762**

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

TITLE **MGR** ☐ Delete  
 NAME **Richard Santerre**  
 STREET ADDRESS **500, 5th Ave S #522**  
 CITY-ST-ZIP **Naples, FL 34102**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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 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)(f), 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 **Richard Santerre** **9/10/02**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (4/02)