

# 2000 UNIFORM BUSINESS REPORT (UBR)

199000008790

## DOCUMENT #

1. Entity Name  
FLORIDA ONE STOP, LLC

Principal Place of Business

Mailing Address

2. Principal Place of Business

6900 SOUTHPOINT DRIVE NORTH

Suite, Apt. #, etc.

SUITE 250

City & State

JACKSONVILLE FL

Zip

32216

Country

USA

3. Mailing Address

6900 SOUTHPOINT DRIVE NORTH

Suite, Apt. #, etc.

SUITE 250

City & State

JACKSONVILLE FL

Zip

32216

Country

USA

4. FEI Number

36-4334928

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

APPROVED  
AND  
FILED

00 MAY -2 AM 11:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

GUS SANKERS

Street Address (P.O. Box Number is Not Acceptable)

6900 SOUTHPOINT DRIVE NORTH, SUITE 250

City

JACKSONVILLE

FL

Zip Code

32216

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 / MEMBERS

10. ADDITIONS / CHANGES

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MANAGER  
FRANSEN, VICTOR R.  
8221 OLD COURTHOUSE ROAD, SUITE 204  
VIENNA, VA 22182

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
800003259998-3  
-05/19/00--01106--025  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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:

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

VICTOR R. FRANSEN

4/24/00

(703)506-1006

Date

Daytime Phone #

CR2E083 (1/1/99)