

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000009194**

1. Entity Name

NARTHEX, L.L.C.

FILED

01 JUL -2 AM 8:47

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**700 MONTEREY BLVD., N.E.
ST. PETERSBURG, FL 33704**

Mailing Address

**700 MONTEREY BLVD., N.E.
ST. PETERSBURG, FL 33704**

2. Principal Place of Business

3. Mailing Address

90 CPA 25 SECOND ST. No. 210

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ST. PETERSBURG, FL

4. FEI Number

143562872

Applied For

Not Applicable

Zip

Country

Zip

Country

33701

USA

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HIRSCH, KEVIN J.
666 - 6th ST. SO.
ST. PETERSBURG, FL 33701**

7. Name and Address of New Registered Agent

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

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

200004475482--6

-07/13/01--01106--004

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

9. MANAGING MEMBERS/MEMBERS

TITLE **MEM** ☐ Delete
NAME **HIRSCH, LINDA**
STREET ADDRESS **700 MONTEREY BLVD., N.E.**
CITY-ST-ZIP **ST. PETE, FL 33704**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MEM** ☐ Change ☒ Addition
NAME **HIRSCH, KEVIN J.**
STREET ADDRESS **700 MONTEREY BLVD., N.E.**
CITY-ST-ZIP **ST. PETE, FL 33704**

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

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

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TITLE ☐ Change ☐ Addition
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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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)