

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000009279

1. Entity Name

TELL NO MAN, LLC

Principal Place of Business

108 RIVER OAKS CIRCLE  
SANFORD FL 32771-9300

Mailing Address

108 RIVER OAKS CIRCLE  
SANFORD FL 32771-9300

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 62-1770869

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

POE, ROBERT  
108 RIVER OAKS CIRCLE  
SANFORD FL 32771-9300

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

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**  
**Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME MURRAY, V.T. JR.  
STREET ADDRESS 108 RIVER OAKS CIRCLE  
CITY-ST-ZIP SANFORD FL 32771-9300 ☐ Delete

TITLE MGR  
NAME POE, BOB  
STREET ADDRESS 108 RIVER OAKS CIRCLE  
CITY-ST-ZIP SANFORD FL 32771-9300 ☐ 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 ☐ Delete

10. ADDITIONS/CHANGES

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

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:

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

**SIGNATURE REQUIRED**

7/3/02

Date

Daytime Phone #

**FILED**  
**Aug 11, 2002 8:00 am**  
**Secretary of State**

08-11-2002 90167 022 \*\*\*\*\*50.00



DO NOT WRITE IN THIS SPACE

CR2E083 (4/02)

Attachment  
973804

699000009229

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BOB POE 09-81  
VIRGINIA POE  
108 RIVER OAKS CIRCLE  
SANFORD, FL 32771

SUNTRUST BANK  
ORLANDO, FL 32899  
63-215631

8828

PAY TO THE ORDER OF Florida Department of Revenue

Fifty and 00/100\*\*\*\*\*

\$\*\*50.00

DOLLARS

MEMO EIN 62-1770869

008828 06310215210215353233597

PORTFOLIO BANKING