

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90060 007 ****50.00

DOCUMENT # L99000009381

1. Entity Name
REA, L.L.C.



Principal Place of Business
**2600 SOUTH FLORIDA AVENUE
STE 2-A
LAKELAND FL 33803**

Mailing Address
**2600 SOUTH FLORIDA AVENUE
STE 2-A
LAKELAND FL 33803**

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 **59-3615566**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FRIDOVICH, ANTHONY
2600 S. FLORIDA AVENUE
LAKELAND FL 33803**

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE _____
NAME **MGRM MCCALL, MARY J** ☐ Delete
STREET ADDRESS **2600 SOUTH FLA AVE**
CITY-ST-ZIP **LAKELAND FL**

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

TITLE _____
NAME **MGRM BOYCE, JOHN** ☐ Delete
STREET ADDRESS **2600 SOUTH FLA AVE**
CITY-ST-ZIP **LAKELAND FL**

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

TITLE _____
NAME **MGRM DOSS, MICHAEL** ☐ Delete
STREET ADDRESS **2600 SOUTH FLA AVE**
CITY-ST-ZIP **LAKELAND FL 33803**

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

TITLE _____
NAME **MGRM WARD, GIL** ☐ Delete
STREET ADDRESS **2600 SOUTH FLA AVE**
CITY-ST-ZIP **LAKELAND FL**

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

TITLE _____
NAME **MGRM FRIDOVICH, ANTHONY S** ☐ Delete
STREET ADDRESS **2600 SOUTH FLA AVE**
CITY-ST-ZIP **LAKELAND FL**

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

TITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____ ☐ Delete

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

Date

Daytime Phone #

2/14/03 863-680 3322

CR2E083 (10/02)