

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90943 044 ***158.75

DOCUMENT # K43711

1. Entity Name
L.L.C., INC.



Principal Place of Business
% GEORGE L. SOUTHWORTH
P.O. BOX 16966
TAMPA FL 33687
US

Mailing Address
% GEORGE L. SOUTHWORTH
P.O. BOX 16966
TAMPA FL 33687
US



2. Principal Place of Business
11307 N 52nd Street

3. Mailing Address
Suite, Apt. #, etc.

City & State
TAMPA, FL
Zip
33617

City & State

4. FEI Number **59-2915510**

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SOUTHWORTH, GEORGE L.
11602 N. 51ST ST.
STE. 100
TAMPA FL 33617

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
11307 N 52nd Street
City **Tampa** **FL** Zip Code **33617**

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  **GEORGE L. SOUTHWORTH, P.O.** **1-13-03**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DPT	SOUTHWORTH, GEORGE L.	11602 N. 51ST ST., #100	TAMPA FL	<input type="checkbox"/>
S	GAIL, THOMAS	9329 FAIRWAY LAKES CT	TAMPA FL 33647	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
D-P		11307 N 52nd Street	Tampa, FL 33617	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S-T				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-03 **813-988-6870**
Date Daytime Phone #

CR2E034 (10/02)