

2001 UNIFORM BUSINESS REPORT (UBR)

0012688 AF

DOCUMENT # L00000010889

1. Entity Name
SHOP & DO GOOD, LLC

FILED

01 MAR 26 PM 5:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
1888A NORTH UNIVERSITY DRIVE
PLANTATION FL 33322

Mailing Address
1888A NORTH UNIVERSITY DRIVE
PLANTATION FL 33322

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

58-2572600

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MCCONNELL, WILLIAM
1888A NORTH UNIVERSITY DRIVE
PLANTATION FL 33322

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager
William McConnell
1888A North University Drive
Plantation, Fla. 33322 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager
William McConnell
1888A North University Drive
Plantation Florida 33322 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager
Michael Shirley
1888A North University Drive
Plantation Fla. 33322 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager
Michael Shirley
1888A North University Drive
Plantation Fla 33322 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager
George Doyle
1206 Cherokee Circle Dr.
Sevierville TN 37862-4960 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager
George Doyle
1206 Cherokee Circle Dr.
Sevierville TN 37862-4960 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200003961332-6
-04/05/01--01088--017
*****50.00 *****50.00 ☐ 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:

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

3/22/01

Date

(865) 428-6039

Daytime Phone #

CR2E083 (11/00)