FILED
May 27, 2002 8:00 am
Secretary of State

04-30-2002 90107 016 ****50.00

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000001210

1. Entity Name

Cabaniss Smith Toole & Wiggins, PL

86592

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
485 N. Keller Road	P.O. Box 945401
Suite, Apt. #, etc.: 401	Suite, Apt. #, etc.:
City & State: Maitland, FL	City & State: Maitland, FL
Zip: 32751 Country: US	Zip: 32794 Country: US

4. FEI Number: 59-3693674 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: ☐ $5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Michael J. Wiggins

Street Address (P.O. Box Number is Not Acceptable): 485 N. Keller Road, Suite 401

City: Maitland FL Zip Code: 32751

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: _____ DATE: 5/20/02

Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	Cabaniss, Ronald
STREET ADDRESS	485 N. Keller Road, Suite 401
CITY-ST-ZIP	Maitland, FL 32751
TITLE	P
NAME	Smith, Larry D.
STREET ADDRESS	485 N. Keller Road, Suite 401
CITY-ST-ZIP	Maitland, FL 32751
TITLE	P
NAME	Wiggins, Michael J.
STREET ADDRESS	485 N. Keller Road, Suite 401
CITY-ST-ZIP	Maitland, FL 32751
TITLE	P
NAME	Toole, M. Gary
STREET ADDRESS	485 N. Keller Road, Suite 401
CITY-ST-ZIP	Maitland, FL 32751
TITLE	P
NAME	Smith, John W.
STREET ADDRESS	485 N. Keller Road, Suite 401
CITY-ST-ZIP	Maitland, FL 32751
TITLE	P
NAME	Wallis, Frederic R.
STREET ADDRESS	485 N. Keller Road, Suite 401
CITY-ST-ZIP	Maitland, FL 32751

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CR2E083B (12/01)

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: _____ 4/19/02 (407) 246-1800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #