2000 UNIFOR	RM BUSINESS REPORT (UBR
·	L970000000178
OUGLAS ENTERPRISE	S INTERNATIONAL, LLC

APPROVED AND FILED

00 MAR 30 PM 1: 28

SECRETARY OF STATE

Principal Place of Business Mailing Address					TALLAHASSEE, FLORIDA					
86 N. 5TH STRETT. #2 86 N. 5TH STRETT. #2				Ì	TOPING CO. C.					
LAKE CITY FL			LAKE CITY FL 32055				- M	110		
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2. Principal Place of Business 3. Mailing Address			ress		'	1881(B)) \$18 (B))) 188		*****	1996: (41) (94)	
Suite, Apt. #, etc. Suite, Apt. #, etc.			, etc.			DO NOT WRITE IN THIS SPACE				
0.10		City & State	4. 9. Chair		4. FEI Number				oplied For	
City & State		City a State	City & State		59-3418015			<u> </u>	ot Applicable	
Zip Country Z		Zip	Zip Country		5. Certificate of Status Desired			\$5.00 Add	ditional	
6. Name and Address of Current Registered Agent			<u> </u>		5. Certificate of Status Desired					
	e. Name and Address	of Current Registered Agent		Name	7. 140.000	unia Abandaa a	. Ito I I I I I I I I I I I I I I I I I I	- Ago		
COLEMAN	, C. RANDOLPH		}	Street Address (P.O. Roy Number is Not Acceptable)						
	MEADOWS RD			Street Address (P.O. Box Number is Not Acceptable)						
SUITE 230			}	1						
JACKSONVILLE FL 32256				City FL Zip Code						
8. The above	named entity submits this s	tatement for the purpose of cl	hanging its registere	d office or reg	istered agent, (or both, in the Sta	ate of Florida.			
** ***		, ,	0 0	Ū	•					
SIGNATURE .	Signature, typed or printed name of re-	distance agent and title if applicable	(NOTF: Registered	Agent signature rec	quired when reinstati	ng)	DAT			
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		J.,	FILE NOW!!! F	-						
		Make (Check Payable to	Départmer	nt of State					
9.	MANAGI	NG MEMBERS/MEMBERS	10.				ITIONS/CHANG	iES	<u> </u>	
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NAME STREET ADDRESS	DOUGLAS, HERBERT M	1	MAMÉ	ET ADDRESS D	50 Bu	2648				
CITY-8T-ZIP	1257 E BAYA AVE LAKE CITY FL 32055			ST-ZIP	ote C	the FL	32056			
TITLE	MEM		Delete TITLE		MEM MO	EM.		Change	Addition	
RAME	DOUGLAS, DIANA S		MAME		- 3 A (DIAMA 5 ,2648				
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NAME		_	NAME	:			9329		=	
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11. I hereby of indicated	ertify that the information su on this report is true and ac	pplied with this filing does no curate and that my signature	t qualify for the exer shall have the same	nption stated in legal effect as	n Section 119.0 s if made under	7(3)(i), Florida S oath; that I am	tatutes. I further a managing mer	certify that the in	nformation er of the	

limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Digna 5. Pouglas

SIGNATURE AND TYPED OR PRINTED NAME OF SKINING MANAGING MEMBER OR MANAGER

Daytime Phone #