

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 JUN 21 AM 8:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L99/4531**  
1. Entity Name  
**Fast2U.com LLC**

Principal Place of Business Mailing Address  
**10891 NE 88 Lane** **10891 NE 88 Lane**  
**Bronson FL 32621** **Bronson FL 32621**

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 **59-3589980** 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  
~~Phoebe Strough~~  
**10891 NE 88 Lane**  
**Bronson FL 32621**

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

TITLE	Managing Member	<input type="checkbox"/> Delete
NAME	Lewis H. Strough	
STREET ADDRESS	500 Belle Point Rd	
CITY-ST-ZIP	N. Little Rock, AR 72116	
TITLE	Managing Member	<input type="checkbox"/> Delete
NAME	Sandra Snitchler VanConant	
STREET ADDRESS	112 East 24th St.	
CITY-ST-ZIP	Holland, MI 49423	
TITLE	Managing Member	<input type="checkbox"/> Delete
NAME	Donna Entertine	
STREET ADDRESS	6511 Filbert Ave	
CITY-ST-ZIP	Orangeville, CA 95662	
TITLE	Member	<input type="checkbox"/> Delete
NAME	Gilbert and Margaret Turpin	
STREET ADDRESS	1941 N. Delaware	
CITY-ST-ZIP	Judianapolis, IN 46202	
TITLE	Member	<input type="checkbox"/> Delete
NAME	Vickie L. Brueggemann	
STREET ADDRESS	95-204 Aahu Pl.	
CITY-ST-ZIP	Mililani, HI 96789	
TITLE	Member	<input type="checkbox"/> Delete
NAME	Glenn Shaw	
STREET ADDRESS	95-204 Aahu Pl.	
CITY-ST-ZIP	Mililani, HI 96789	

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**500003301935--2**  
**06/23/00--01002--008**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

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: Sandra Snitchler VanConant Sandra Snitchler VanConant 5/10/2000 (616) 355-9976  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (11/99)