2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000000235

1. Entity Name

OLDSMAR TOWN CENTER, LLC

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90026 038 ****50.00

Principal Place of Business	Mailing Address
12645 RACETRACK ROAD TAMPA FL 33626	P.O. BOX 1175 OLDSMAR FL 34677

☐ CHECK HERE IF MAKING CHANGES

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 **59-3620084** | Applied For | Not Applicable

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

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6. Name and Address of Current Registered Agent

RANDY MEARS MANAGING MEMBER
12645 RACETRACK ROAD
TAMPA FL 33626

7. Name and Address of New Registered Agent

Name **Kathy Wheeler**

Street Address (P.O. Box Number is Not Acceptable)
12645 Race Track Road

City **Tampa** **FL** Zip Code **33626**

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 _[signature]_

Signature typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

4-8-03
DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS		**10.** ADDITIONS / CHANGES	
TITLE **MGRM** NAME **MEARS, RANDY** STREET ADDRESS **12645 RACETRACK ROAD** CITY-ST-ZIP **TAMPA FL 33626**	☐ 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	☐ Change ☐ Addition
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CR2E083 (10/02)

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: _[signature]_ SIGNATURE REQUIRED

4-8-03 **813-854-4486**

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