2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000001797

1. Entity Name

FURUD, LLC

Principal Place of Business	Mailing Address
9625 ALONZO ROAD RIVERVIEW FL 33569 US	P.O. BOX 5299 TAMPA FL 33675-5299 US

2. Principal Place of Business

9625 Wes Kearney Way

3. Mailing Address

Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country	Zip	Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3627913**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent	**7. Name and Address of New Registered Agent**
HARRIS JR, TRACY J 9625 ALONZO ROAD RIVERVIEW FL 33569	Name Street Address (P.O. Box Number is Not Acceptable) 9625 Wes Kearney Way

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS		**10.** ADDITIONS / CHANGES	
TITLE **MGRM** NAME **HARRIS, TRACY J JR** STREET ADDRESS **701 INDIANA AVENUE** CITY-ST-ZIP **PALM HARBOR FL 34683**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **MGRM** NAME **KEARNEY, BING** STREET ADDRESS **911 SEDDON COVE WAY** CITY-ST-ZIP **TAMPA FL 33602**	☐ 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: *Tracy J. Harris, Jr.* 2/19/03 (813) 621-7454

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