

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L00000002305**

1. Entity Name
TOP DAWG PIZZA, LLC

Principal Place of Business
**3159 LOFTON SQUARE COURT, SUITE 5
YULEE FL 32097**

Mailing Address
**3159 LOFTON SQUARE COURT, SUITE 5
YULEE FL 32097**

2. Principal Place of Business
1474 S 6TH STREET
Suite, Apt. #, etc.

3. Mailing Address
PO BOX 3599
Suite, Apt. #, etc.

City & State
Macclenny, FL
Zip
32063 Country
US

City & State
Ponte Vedra Beach, FL
Zip
32004-3599 Country
US

4. FEI Number
59-3630544 Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

REDDINGTON, ROBY REID
3159 LOFTON SQUARE COURT, SUITE 5
YULEE FL 32097

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

5/1/01

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
JONES, CRAIG THOMAS ☐ Delete
4938 SPANISH OAK CIRCLE
AMELIA ISLAND FL 32034

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
REDDINGTON, ROBY REID ☐ Delete
3159 LOFTON SQUARE COURT, SUITE 5
YULEE FL 32097

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
436 Clearwater Drive
Ponte Vedra Beach, FL 32082

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
4000004368124-003
-06/06/01--01089-003
*******50.00 *****50.00**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

5/1/01

(904) 491-3409



DO NOT WRITE IN THIS SPACE

FILED

01 MAY -7 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA