

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 18, 2002 8:00 am**  
**Secretary of State**

03-18-2002 90001 002 \*\*\*\*55.00

**DOCUMENT # L00000002305**

1. Entity Name

**TOP DAWG PIZZA, LLC**

Principal Place of Business

**1474 S 6TH STREET  
MACLENNY FL 32063**

Mailing Address

**P.O. BOX 3599  
PONTE VEDRA BEACH FL 32004-3599**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**PONTE VEDRA BEACH**

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

**351 N. LOWDER ST. #101**

City

**MACLENNY**

FL

Zip Code

**32063**

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

**3/4/02**

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGR  
JONES, CRAIG THOMAS  
436 CLEARWATER DRIVE  
PONTE VEDRA BEACH FL 32082**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change ☐ Addition

**351 N. LOWDER ST. #101  
MACLENNY, FL 32063**

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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☐ Change ☐ Addition

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☐ 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 #

**3/4/02**

CR2E083 (9/01)