

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000002928
 1. Entity Name
TMT, LLC

FILED
 01 SEP 13 PM 12:17
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
 14946 NORTH FLORIDA AVENUE 14946 NORTH FLORIDA AVENUE
 TAMPA FL 33613 TAMPA FL 33613



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. **6210 N. Florida Ave**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
TAMPA, FL **FLA**
 Zip Country Zip Country
33604 **33604** **FLA**

4. FEI Number Applied For
59-3631206 Not Applicable

6. Name and Address of Current Registered Agent
HUMPHRIES, J.BOB
501 E. KENNEDY BLVD., SUITE 1700
TAMPA FL 33602

7. Name and Address of New Registered Agent
 Name **Henry Mcnatt, III**
 Street Address (P.O. Box Number is Not Acceptable)
14946 N. Florida Ave
 City **TAMPA** FL Zip Code **33613**

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 _____ DATE **9-10-01**

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001
500004610595--8
-09/25/01--01080--008
******200.00 ****50.00**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR ALEXANDER, JEFF 14946 NORTH FLORIDA AVENUE TAMPA FL 33613	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
HENRY Mcnatt, Jr. MGR 6210 N. Florida Ave TAMPA, FL 33604	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

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: _____ DATE **9/5/01** (813) 231-6992

STAPLE CHECK HERE

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CR2E083 (5/01)