

2001 UNIFORM BUSINESS REPORT (UBR)

UNIFORM - AT

DOCUMENT # L00000003306

1. Entity Name
FLORIDA CONFETTI, LLC

FILED *wh/16*

01 JAN 11 AM 9:30

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
630 TORTOISE WAY
SATELLITE BEACH FL 32937

Mailing Address
630 TORTOISE WAY
SATELLITE BEACH FL 32937

2. Principal Place of Business
355 B Tortoise View Drive
Suite, Apt. #, etc.
Satellite Beach, Fl.
City & State

3. Mailing Address
355 B Tortoise View Drive
Suite, Apt. #, etc.
Satellite Beach, Fl
City & State

4. FEI Number
59-3639475

Applied For
 Not Applicable

Zip
32937 Country
USA

Zip
32937 Country
USA

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

6. Name and Address of Current Registered Agent

MOMMERS, PIERRE A
2351 W. EAU GALLIE BLVD., SUITE 1
MELBOURNE FL 32935

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

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PENNINGTON, PAULA 630 TORTOISE WAY SATELLITE BEACH FL 32927	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PENNINGTON, JOHN 630 TORTOISE WAY SATELLITE BEACH FL 32927	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BENNETT, WILLIAM M 630 TORTOISE WAY SATELLITE BEACH FL 32927	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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*******50.00 *****50.00**

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: *Paula Pennington* **PAULA C. PENNINGTON** 1.9.2001 321.777.7105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)