

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000004666

1. Entity Name
TREDALIGN, LLC

Principal Place of Business
1319 SUMMERTREE CT.
LONGWOOD FL 32750

Mailing Address
1319 SUMMERTREE CT.
LONGWOOD FL 32750

2. Principal Place of Business
4111 N. John Young Pkwy
Suite, Apt. #, etc.
Bay 1

3. Mailing Address
Suite, Apt. #, etc.

City & State
Orlando, FL
Zip
32804
Country
Orange

City & State

Zip

Country

4. FEI Number
59-3649120

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NEWTON, LESTER D
809 RENAISSANCE POINTE BLVD., #208
ALTAMONTE SPRINGS FL 32714

7. Name and Address of New Registered Agent

Name
Newton, Lester D.
Street Address (P.O. Box Number is Not Acceptable)
1319 Summertree Court
City Longwood FL Zip Code 32750

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

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

000004221370--2
-05/17/01--01010--003
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Operating Manager Lester D. Newton 1319 Summertree Court Longwood, FL 32750	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer Annette W. Newton 1319 Summertree Court Longwood, FL 32750	<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"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Operating Manager Lester D. Newton 1319 Summertree Court Longwood, FL 32750	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer Annette W. Newton 1319 Summertree Court Longwood, FL 32750	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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, MAN/GER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-24-01

(407) 265-1651

FILED
01 APR 30 PM 6:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

0004763 AF

CR2E083 (11/00)