

2001 UNIFORM BUSINESS REPORT (UBR)

0006086 AF

DOCUMENT # L00000004675
1. Entity Name
 TO DO IT, LLC

FILED
 01 APR 25 PM 5:55
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business
 284 PARK AVENUE NORTH
 WINTER PARK FL 32789

Mailing Address
 284 PARK AVENUE NORTH
 WINTER PARK FL 32789



2. Principal Place of Business
 284 Park Avenue North
 Suite, Apt. #, etc. Suite A
 City & State Winter Park, FL
 Zip 32789 Country

3. Mailing Address
 284 Park Avenue North
 Suite, Apt. #, etc. Suite A
 City & State Winter Park, FL
 Zip 32789 Country

4. FEI Number Applied For Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 HADLEY III, RALPH V
 1031 WEST MORSE BLVD., STE 160
 WINTER PARK FL 32789

7. Name and Address of New Registered Agent
 Name ROBERT L. UNDERWOOD
 Street Address (P.O. Box Number is Not Acceptable) 537 East Park Avenue
 City Tallahassee FL Zip Code 32301

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]* Signature, typed or printed name of registered agent and title if applicable.
 BENCHWARMERS GP, INC., manager
 Robert L. Underwood President 4/20/01
 (NOTE: Registered Agent signature required when reinstating) DATE

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

L000004164298--6
 -05/09/01--01022--002
 *****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS	
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
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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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]* BENCHWARMERS GP, INC., manager
 Robert L. Underwood President 4/20/01 (800) 686-1615
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)