

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jul 09, 2001 08:00 AM****Secretary of State****DOCUMENT # L00000008223**1. Entity Name
JUDOMACA, LLC

Principal Place of Business 5423 CREEPING HAMMOCK DRIVE SARASOTA FL 34231	Mailing Address 5423 CREEPING HAMMOCK DRIVE SARASOTA FL 34231
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2. Principal Place of Business 5325 ASHLEY PKWY. Suite, Apt. #, etc.	3. Mailing Address 5325 ASHLEY PKWY. Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State SARASOTA FL	City & State SARASOTA FL
Zip 34241	Country

4. FEI Number	☒ Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required**6. Name and Address of Current Registered Agent**

SMITH CARL III
5423 CREEPING HAMMOCK DRIVE

SARASOTA FL 34231**7. Name and Address of New Registered Agent**

Name
SMITH CARL III
Street Address (P.O. Box Number is Not Acceptable)
5325 ASHLEY PKWY.

City
SARASOTA FL Zip Code
34241

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 **CARL SMITH, III****07/09/2001**

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**9. MANAGING MEMBERS / MEMBERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMITH CARL LMGR 5325 ASHLEY PKWY. SARASOTA FL 34241	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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: Carl L. Smith, III

MGR

07/09/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)