

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L 00000000 8323

1. Entity Name

e.doc Publishing, LLC

Principal Place of Business

6753 Thomasville Rd. PMB 231
Tallahassee, FL 32312

Mailing Address

2. Principal Place of Business

1287 Robin Kay Rd.
Suite, Apt. #, etc.

3. Mailing Address

1287 Robin Kay Rd.
Suite, Apt. #, etc.

FILED

01 APR 25 PM 5: 57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

City & State
Tallahassee FL

City & State
Tallahassee FL

4. FEI Number
59-3657616

Applied For
Not Applicable

Zip Country
32312 USA

Zip Country
32312 USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Catherine N. Schoenfeld
7914 McClure Drive
Tallahassee, FL 32312

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

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

10. ADDITIONS/CHANGES

TITLE member ☐ Delete
NAME Ronald C. Callen
STREET ADDRESS 150 meadow Ridge Dr.
CITY-ST-ZIP Tallahassee FL 32312

TITLE member ☐ Change ☐ Addition
NAME Ronald C. Callen
STREET ADDRESS 150 meadow Ridge Dr.
CITY-ST-ZIP Tallahassee FL 32312

TITLE Member ☐ Delete
NAME Jan DiDomenico
STREET ADDRESS 1287 Robin Kay Rd.
CITY-ST-ZIP Tallahassee FL 32312

TITLE Member ☐ Change ☐ Addition
NAME Jan DiDomenico
STREET ADDRESS 1287 Robin Kay Rd.
CITY-ST-ZIP Tallahassee FL 32312

TITLE member ☐ Delete
NAME Catherine N. Schoenfeld
STREET ADDRESS 7914 McClure Dr.
CITY-ST-ZIP Tallahassee FL 32312

TITLE member ☐ Change ☐ Addition
NAME Catherine N. Schoenfeld
STREET ADDRESS 7914 McClure Dr.
CITY-ST-ZIP Tallahassee FL 32312

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Jan DiDomenico member 4/23/01 508-2994
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)