

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000010701

1. Entity Name

DEAD OAK, LLC

Principal Place of Business

1414 SWANN AVENUE, SUITE 201
TAMPA FL 33606

Mailing Address

1414 SWANN AVENUE, SUITE 201
TAMPA FL 33606

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3669752

Applied For

Not Applicable

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

BLANCHARD, WILLIAM M
1414 SWANN AVENUE, SUITE 201
TAMPA FL 33606

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

700004342337-8

-06/05/01--01076--021

*****55.00 *****55.00

9. MANAGING MEMBERS/MEMBERS

TITLE P/D
NAME ~~WILLIAM M. BLANCHARD~~
STREET ADDRESS ~~1414 SWANN AVE., SUITE 201~~
CITY-ST-ZIP ~~TAMPA, FL.~~

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE P/D
NAME WILLIAM M. BLANCHARD
STREET ADDRESS 1414 SWANN AVE., SUITE 201
CITY-ST-ZIP TAMPA, FL. 33606

TITLE VP/D
NAME G. ROBERT BLANCHARD, JR.
STREET ADDRESS 1414 SWANN AVE., #201
CITY-ST-ZIP TAMPA, FL. 33606

TITLE SIT/D
NAME MALCOLM HARRIS
STREET ADDRESS 1414 SWANN AVE., #201
CITY-ST-ZIP TAMPA, FL. 33606

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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: *William Blanchard* WILLIAM BLANCHARD

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

4/30/01 (813) 251-3737

Date

Daytime Phone #