

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Sep 08, 2001 08:00 AM****Secretary of State****DOCUMENT # L00000012049**1. Entity Name
ASUTOSH III, LLC

Principal Place of Business 327 N HERNANDO ST LAKE CITY FL 32055	Mailing Address P.O. BOX 3029 KINGSLAND GA 31548
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2. Principal Place of Business 13400 SUTTON PARK DR SOUTH Suite, Apt. #, etc. SUITE 1604	3. Mailing Address 13400 SUTTON PARK DR SOUTH Suite, Apt. #, etc. SUITE 1604
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City & State JACKSONVILLE FL	City & State JACKSONVILLE FL
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Zip 32224	Country	Zip 32224	Country
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4. FEI Number 59-3677781	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent PEELE S. AUSTIN 327 N HERNANDO ST LAKE CITY FL 32055 US	7. Name and Address of New Registered Agent Name PATEL ANIL D Street Address (P.O. Box Number is Not Acceptable) 13400 SUTTON PARK DR SOUTH SUITE 1604 City JACKSONVILLE FL Zip Code 32224
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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 **ANIL D. PATEL**

09/08/2001

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		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TRINETRA INC P.O. BOX 3029 KINGSLAND GA 31548 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TRINETRA INC 13400 SUTTON PARK DR SOUTH, SUITE 1604 JACKSONVILLE FL 32224 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ADCORE INC P.O. BOX 3029 KINGSLAND GA 31548 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ADCORE INC 13400 SUTTON PARK DR SOUTH, SUITE 1604 JACKSONVILLE FL 32224 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: **Adcore, Inc.**

MGRM 09/08/2001

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

Date

Daytime Phone #

CR2E083 (11/00)