

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

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01 APR 27 PM 4: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT.# L00000012641

1. Entity Name

DOUG SEARS & ASSOCIATES, L.L.C.

Principal Place of Business

320 CORPORATE WAY
SUITE 100
ORANGE PARK FL 32073

Mailing Address

320 CORPORATE WAY
SUITE 100
ORANGE PARK FL 32073

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FFL Number

59-3676544

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

THAMES, RICHARD R ESQ
STUTSMAN & THAMES PA
121 W FORSYTH ST SUITE 600
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

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

300004221623--1
-05/17/01--01019--026
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

TITLE MGR
NAME SEARS, JOHN DOUGLAS
STREET ADDRESS 2595 ASHFORD CT
CITY-ST-ZIP ORANGE PARK FL 32073

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10. ADDITIONS / CHANGES

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CR2E083 (11/00)

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

Date

Daytime Phone #

[Signature] 4/29/01 904-278-9998