

# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** L00000016081  
 1. Entity Name  
**SECURITIES DIRECT HOLDINGS, LLC**

**FILED**

2001 APR 30 PM 1:53

DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**307 N. Park Ave.** (SAME)  
**Winter Park, FL. 32789**

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country

DO NOT WRITE IN THIS SPACE  
 4. FEI Number  Applied For  
 Not Applicable  
 5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
**Rooks, Jr., Milton P.**  
**307 N. Park Ave.**  
**Winter Park, FL. 32789**

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 \_\_\_\_\_ (NOTE: registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

**700004334947--4**  
**-05/30/01--01099--023**  
**\*\*\*\*100.00 \*\*\*\*\*50.00**

9. MANAGING MEMBERS / MEMBERS

TITLE	<b>Managing Member</b>	<input type="checkbox"/> Delete
NAME	<b>Milton P. Rooks, Jr.</b>	
STREET ADDRESS	<b>307 N. Park Ave.</b>	
CITY-ST-ZIP	<b>Winter Park, FL. 32789</b>	
TITLE	<b>Member</b>	<input type="checkbox"/> Delete
NAME	<b>Wm. Russell Pierce</b>	
STREET ADDRESS	<b>307 N. Park Ave.</b>	
CITY-ST-ZIP	<b>Winter Park, FL. 32789</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Milton P. Rooks, Jr.  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date: 4/26/01 Daytime Phone #: 407 539 0089

CR2E083 (1/00)