

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90056 037 ****50.00

0033100

DOCUMENT # L00000016083**1. Entity Name**
NETSUKE, LLC**Principal Place of Business**
270 SOUTH COUNTY ROAD
PALM BEACH FL 33480**Mailing Address**
P.O. BOX 4684
WEST PALM BEACH FL 33402-4684

000404



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-1061335Applied For
Not Applicable

Zip

Country

Zip

Country

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****DUGAN, LAWRENCE H JR**
270 SOUTH COUNTY ROAD
PALM BEACH FL 33480

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** _____
Signature, typed or printed name of registered agent and title if applicable.**FILE NOW!!! FEE IS \$50.00**
Make Check Payable to Department of State
Due By May 1, 2002**9. MANAGING MEMBERS/MANAGERS****10. ADDITIONS/CHANGES****TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
MEM
NETSUKE, INC.
P.O. BOX 4684
WEST PALM BEACH FL 33402-4684 ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition**TITLE**
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CITY-ST-ZIP ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:****SIGNATURE REQUIRED**

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

1/7/2002 541-822-9955
Date Daytime Phone #

CR2E083 (9/01)