2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0100000036 03-26-2002 90087 050 ****50.00 1. Entity Name OYSTER BAY TRADING CO. LLC Principal Place of Business Mailing Address 1816 LYNNCREST ROAD 1816 LYNNCREST ROAD LAKELAND FL 33803 LAKELAND FL 33803 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 5 9 - 3 City & State City & State Applied For 489847 Not Applicable Zip Country Ζip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent EVANS, THOMAS E JR. Street Address (P.O. Box Number is Not Acceptable) 1816 LYNNCREST ROAD LAKELAND FL 33803 City Zip Code FL 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 prented 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 Due By May 1, 2002 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10 MGR 900 TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME EVANS, THOMAS E JR. NAME CR2E083 STREET ADDRESS 1816 LYNNCREST ROAD STREET ADDRESS CITY-ST-71P CITY-ST-ZIP LAKELAND FL 33803 ☐ Defete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Dalete TITLE ☐ Change ☐ Addition MALA NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TATE F Change ☐ Addition NAME MALIF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

Apr 10, 2002 8:00 am Secretary of State

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 cindicated 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. LOWAS E EUNUS IT

SIGNATURE:

3/11/02