

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000001084

Entity Name: RICK CAIN DESIGN, LC

FILED  
Jan 15, 2003  
Secretary of State

## Current Principal Place of Business:

2706 SW 34TH STREET  
GAINESVILLE, FL 32608

## New Principal Place of Business:

206 SE 138TH AVE  
MICANOPY, FL 32667

## Current Mailing Address:

2706 SW 34TH STREET  
GAINESVILLE, FL 32608

## New Mailing Address:

FEI Number: 04-3696479

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CAIN, RICAHRD W  
2706 SW 34TH STREET  
GAINESVILLE, FL 32608

## Name and Address of New Registered Agent:

CAIN, RICAHRD W  
206 SE 138TH AVE  
MICANOPY, FL 32667

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:

01/15/2003

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete  
Name: CAIN, RICHARD W  
Address: 206 SW 138TH AVE.  
City-St-Zip: MICANOPY, FL 32667

Title: MGR ( ) Delete  
Name: CAIN, JUDITH L  
Address: 206 SW 138TH AVE.  
City-St-Zip: MICANOPY, FL 32667

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: CAIN, RICHARD W  
Address: 206 SE 138TH AVE.  
City-St-Zip: MICANOPY, FL 32667

Title: MGR (X) Change ( ) Addition  
Name: CAIN, JUDITH L  
Address: 206 SE 138TH AVE.  
City-St-Zip: MICANOPY, FL 32667

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JUDITH L. CAIN

MGR

01/15/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date