LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

FILED May 03, 2002 8:00 am Secretary of State 05-03-2002 90022 017 ****50.00

DOCUMENT # L01000Q01561 1. Entity Name					05-03-2002 90022 017 ****50.00		
OLD	TIMERS WELL & PUMI	P SERVICE, LL	.c		1 v		
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	ä		, .	, " J.			
2. Principa 3 6 7 3	Place of Business SW 89th Avenue	3. Mailing Address Same					
	ot. #, etcl	Suite, Apt. #, etc.			DO NOT WRITE IN THIS	· '. S SPACE *	
City & State City & State Ocala FL			-		4. FEI Number 59-3697518	Applied For Not Applicable	
Zip 3448 1	Country 1 – 5 4 5 7	, Zip	Country		5. Certificate of Status Desired	\$5.00 Additional Fee Required	
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DO NOT WRITE IN THIS SPACE			Name D		& ASSOCIATES		
			Street A	ddress (P.C	is (P.O. Box Number is Not Acceptable)		
					SW 58th Street		
		8		cala	FI	Zip Code 3 4 4 7 4	
8. The abov	e named entity submits this statement for	the purpose of changing its	registered office or	registered	agent, or both, in the State of Florida	- 344/4	
SIGNATURE	Signature, typed or printed name of registered agent an	lem/			& Associates 4-22	-02 ·	
9.		Make Check Pay	EE IS \$50.00 yable to Departs UE BY MAY 1	ment of S	tate		
TITLE	MANAGING MEMBER	S/MANAGERS			24		
NAME	MGR Armand D. RIGBY		TITLE *				
STREET ADDRESS CITY-ST-ZIP	3673 - SW 89th	STREET ADDRESS CITY-ST-ZIP	* 1				
TITLE	- VC-11 - 2 A - 3110	- F	TITLE	*			
NAME STREET ADDRESS			NAME		* * * * * * * * * * * * * * * * * * * *		
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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: X Mumo

Armand D. Rigby

(352) 237-1055