

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 10, 2002 8:00 am**  
**Secretary of State**

01-28-2002 90004 037 \*\*\*\*50.00

**DOCUMENT # L01000003084**

1. Entity Name  
**GOOD THROWS, LLC**

Principal Place of Business      Mailing Address  
**2577 DOLLY BAY DRIVE, #301**      **2577 DOLLY BAY DRIVE, #301**  
**PALM HARBOR FL 34684**      **PALM HARBOR FL 34684**

**16863**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**905 East MLK Jr. Dr.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**265**  
 City & State      City & State  
**Tarpon Springs, FL**  
 Zip      Country      Zip      Country  
**34689**      **USA**

4. FEI Number      Applied For  
**59-3701849**      Not Applicable

5. Certificate of Status Desired      \$5.00 Additional Fee Required  
     

6. Name and Address of Current Registered Agent  
**PETERSON, COLETTE**  
**2577 DOLLY BAY DRIVE, #301**  
**PALM HARBOR FL 34684**

7. Name and Address of New Registered Agent  
 Name: **Colette Peterson**  
 Street Address (P.O. Box Number is Not Acceptable):  
**905 East MLK Jr. Dr.**  
**Suite 265**  
 City: **Tarpon Springs**      FL      Zip Code: **34689**

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: N/A      DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<del>OWNER</del> MGRM	<b>Colette Peterson</b>	<b>2577 Dolly Bay Dr. #301</b>	<b>Palm Harbor, FL 34684</b>		
	<b>Nicholas Conner - <del>OWNER</del> MGRM</b>	<b>12113 Marblehead Dr.</b>	<b>Tampa, FL 33626</b>		

CR2E083 (9/01)

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 or empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED      Date: 1/21/02      Daytime Phone # \_\_\_\_\_