

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90034 004 ****50.00

DOCUMENT # L01000003178

1. Entity Name
DEANOWAYNE ENTERPRISES, L.C.



Principal Place of Business

**9243 SE 72 AVENUE
OCALA FL 34472**

Mailing Address

**9243 SE 72 AVENUE
OCALA FL 34472**

20023497



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

5928 SE Abshier Blvd

3. Mailing Address

PO Box 2318

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bellevue, FL

City & State

Bellevue, FL

Zip

Country

34420

US

Zip

Country

34421-2318

US

4. FEI Number **59-3756423**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ANDERSON, WAYNE S
9243 SE 72ND AVENUE
OCALA FL 34472**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed 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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **ANDERSON, WAYNE S**
STREET ADDRESS **9243 SE 72ND AVENUE**
CITY-ST-ZIP **OCALA FL 34472**

TITLE **MGRM** ☐ Delete
NAME **SCARBROUGH, DEAN C**
STREET ADDRESS **9243 SE 72 AVENUE**
CITY-ST-ZIP **OCALA FL 34472**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGRM** ☒ Change ☐ Addition
NAME **Dean C. Scarbrough**
STREET ADDRESS **505 Butternut st**
CITY-ST-ZIP **Deshler, OH 43516**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Wayne S Anderson**

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

Date

Daytime Phone #

1/27/03 (352) 307-2356

CR2E083 (10/02)