

FILED
May 24, 2002 8:00 am
Secretary of State

04-16-2002 90068 021 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000004891

1. Entity Name

R&D JOINT VENTURES, LLC

Principal Place of Business

5109 N. LAGOON DRIVE
PANAMA CITY BEACH FL 32408

Mailing Address

5109 N. LAGOON DRIVE
PANAMA CITY BEACH FL 32408

86013

2. Principal Place of Business

5109 N. LAGOON DR
Suite, Apt. #, etc.

3. Mailing Address

5109 N. LAGOON DR.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PANAMA CITY BEACH, FL

Zip
32408Country
BAY

City & State

PANAMA CITY BEACH FL

Zip
32408Country
BAY

4. FEI Number

59-3705131

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

BRASHER, RANDY
5109 N. LAGOON DRIVE
PANAMA CITY BEACH FL 32408

7. Name and Address of New Registered Agent

Name: BRASHER, RANDY

Street Address (P.O. Box Number is Not Acceptable)

5109 N. LAGOON DRIVE

City: PANAMA CITY BEACH

FL

Zip Code
32408

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 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 Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE: MANAGING MEMBER ☐ Delete
 NAME: RANDY BRASHER
 STREET ADDRESS: 5109 N. LAGOON DR.
 CITY-ST-ZIP: PANAMA CITY BEACH, FL 32408

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
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TITLE: ☐ Delete
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TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

10. ADDITIONS/CHANGES

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

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

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

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:

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

3/31/02

850-233-0926

Daytime Phone #

CR2E083 (8/01)