

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 22, 2003 8:00 am**  
**Secretary of State**

01-22-2003 90102 017 \*\*\*\*50.00

**DOCUMENT # L01000005878**

1. Entity Name

**DOMINION MARKETING, L.L.C.**



Principal Place of Business

**3185 S. FULMER CIRCLE  
TALLAHASSEE FL 32303**

Mailing Address

**3185 S. FULMER CIRCLE  
TALLAHASSEE FL 32303**

2. Principal Place of Business

**5720 BRAVEHEART WAY  
Suite, Apt. #, etc.**

3. Mailing Address

**5720 BRAVEHEART WAY  
Suite, Apt. #, etc.**



☒ CHECK HERE IF MAKING CHANGES

City & State

**TALLAHASSEE, FL.**

City & State

**TALLAHASSEE, FL.**

4. FEI Number

**59-3721351**

Applied For

☐ Not Applicable

Zip

**32317**

Country

**LEON**

Zip

**32317**

Country

**LEON**

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**HAMMETT, CHARLES D  
3185 S. FULMER CIRCLE  
TALLAHASSEE FL 32303**

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

*Charles D Hammett*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/8/03**

**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 **HAMMETT, CHARLES D**  
STREET ADDRESS **3185 S. FULMER CIR.**  
CITY-ST-ZIP **TALLAHASSEE FL 32303**

10. ADDITIONS/CHANGES

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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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:

*Charles D Hammett*

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

**JAN. 8, 2003 (850) 251.6193**

Date

Daytime Phone #

CR2E083 (10/02)