

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90387 007 ****50.00

DOCUMENT # L01000007180

1. Entity Name

FULL FLAME, LLC

Principal Place of Business

**2400 SAND LAKE RD., STE. 777
 ORLANDO FL 32809**

Mailing Address

**2400 SAND LAKE RD., STE. 777
 ORLANDO FL 32809**

2. Principal Place of Business

5422 Carrier Dr.

Suite, Apt. #, etc.
Suite 204

3. Mailing Address

P O Box 593647

Suite, Apt. #, etc.

City & State
Orlando, FL

City & State
Orlando, FL

Zip
32819

Country
USA

Zip
32859

Country
USA

4. FEI Number

59-3718552

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HODGES, GEORGE
 585 SOUTH CR-427, STE. 121
 LONGWOOD FL 32750-5462**

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.

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

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Exec Managing Mbr
 Gregory Pearce
 5422 Carrier Dr.
 Orlando, FL 32819 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Member
 Rev. Siegfried Tomazsewski
 Postfach 60 05 95
 60035 Frankfurt am Main, Germany ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Member
 Full Flame GmbH
 Postfach 60 05 95
 60035 Frankfurt am Main, Germany ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Member
 Robert Murphee
 5422 Carrier Dr.
 Orlando, FL 32819 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

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 REQUIRED
 Gregory Pearce, Exec Managing Mbr 4/23/02 407-264-4400

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

Date

Daytime Phone #

CR2E083 (9/01)