

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90184 045 ****50.00

DOCUMENT # L01000007972

1. Entity Name

EASTERN MARKETING SPECIALIST, L.L.C.

Principal Place of Business

6104 ASHFIELD PLACE
 WESLEY CHAPEL FL 33544

Mailing Address

6104 ASHFIELD PLACE
 WESLEY CHAPEL FL 33544

2. Principal Place of Business

3255 Summerland Hills CT.

3. Mailing Address

- SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lakeland FL

City & State

Lakeland FL

4. FEI Number

59-3731602

Applied For

Not Applicable

Zip

33813

Country

Polk

Zip

33813

Country

Polk

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HODGE W. DESHON
 6104 ASHFIELD PLACE
 WESLEY CHAPEL FL 33544

7. Name and Address of New Registered Agent

Name

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

3255 Summerland Hills CT.

City

Lakeland

FL

Zip Code

33813

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Wallace Deshon Hodge, P.
 3255 Summerland Hills CT.
 Lakeland, FL 33813

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

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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: Wallace Deshon Hodge

2/25/02

863-602-2706

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

Date

Daytime Phone #

CR2E083 (9/01)