2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 92172 045 ****50.00

DOCUMENT # L01000009599

1. Entity Name
CHADMARK INDUSTRIES, L.L.C.

Principal Place of Business	Mailing Address
1150 PONCE DE LEON BLVD. BROOKSVILLE, FL 34601	1150 PONCE DE LEON BLVD. BROOKSVILLE, FL 34601

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1080 Ponce deleon	1080 Ponce deleon
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Brooksville Fl.	City & State: Fl. Brooksville
Zip: 34601 Country: Hernando	Zip: 34601 Country: Hernando

4. FEI Number: 59-3730520 ☐ 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
FRANKLIN, JOHN J JR. 6129 DELTONA BLVD. SPRING HILL, FL 34609	Name: Chad M. Moore Street Address (P.O. Box Number is Not Acceptable): 10047 Domingo DR. City: Brooksville FL Zip Code: 34601

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] DATE: 4/28/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
File By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JUSTICE, MARK 396 NORTH AVENUE WEST BROOKSVILLE, FL 34601	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Remove / No Longer With Co.	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOORE, CHAD M 10047 DOMINGO BROOKSVILLE, FL 34601	☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (10/02)

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] Chad Moore 4/28/03 352-797-5498

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #