

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
**1150 PONCE DE LEON BLVD.
BROOKSVILLE, FL 34601**

Mailing Address
**1150 PONCE DE LEON BLVD.
BROOKSVILLE, FL 34601**

2. Principal Place of Business
1080 Ponce de Leon
Suite, Apt. #, etc.

3. Mailing Address
1080 Ponce de Leon
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
Brooksville FL
Zip
34601
Country
Hernando

City & State
FL Brooksville
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

**FRANKLIN, JOHN J JR.
6129 DELTONA BLVD.
SPRING HILL, FL 34609**

7. Name and Address of New Registered Agent

Name
Chad M. Moore
Street Address (P.O. Box Number is Not Acceptable)
10047 Domingo DR.
City
Brooksville FL Zip Code
34601

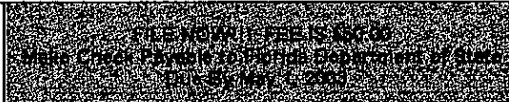
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]
Signature, typewritten printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when maintaining)

4/28/03
DATE



9. MANAGING MEMBERS/MANAGERS

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	MGRM MOORE, CHAD M 10047 DOMINGO BROOKSVILLE, FL 34601	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Remove / No Longer With CO.	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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]
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/28/03 352-797-5498
Date Daytime Phone #

CR2083 (10/02)