

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 04, 2002 8:00 am**  
**Secretary of State**

09-04-2002 90095 006 \*\*\*\*50.00

**DOCUMENT # L01000010896**

1. Entity Name

**INTERNATIONAL CORDAGE, L.L.C.**

Principal Place of Business

Mailing Address

**70 COUNTRY CLUB DRIVE EAST  
 DESTIN FL 32541**

**70 COUNTRY CLUB DRIVE EAST  
 DESTIN FL 32541**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ 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

**DINWIDDIE, SHARON ESQ.**

Name **Sharon Dinwiddie, Esq.**

**550 GRAND BLVD, SUITE 101  
 DESTIN FL 32550**

215 Grand Blvd, Ste 101  
 Street Address (P.O. Box Number is Not Acceptable)

City **Sandestin**

**FL**

Zip Code **32550**

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

*Sharon Dinwiddie*

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

(NOTE: Registered Agent signature required when reinstating)

*8/4/02*

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete  
 NAME **COLE, MALCOLM**  
 STREET ADDRESS **17075 LESLIE STREET, SUITE 6**  
 CITY-ST-ZIP **NEWMARKET ONTARIO L34-8E1**

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

TITLE **MGRM** ☐ Delete  
 NAME **COLE, DONALD**  
 STREET ADDRESS **30 MORENO POINT ROAD #406-A**  
 CITY-ST-ZIP **DESTIN FL 32541**

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

TITLE ☒ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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: X** *Malcolm Cole* **REQUIRED**

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

*August 21/02 (905)830-6755*

Date

Daytime Phone #

CR2E083 (4/02)