2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000011460

1. Entity Name



FILED Apr 17, 2003 8:00 am Secretary of State

04-17-2003 90025 012 ****50.00

TOPMAS	F ADVERSTISING, LLC			9		
Principal Place 17159 SE LIMI TEQUESTA FL		Mailing Address 17159 SE LIMERICK COURT TEQUESTA FL 33469		- (3 1 11 88 1 11811 3 1818 1	11111 22 11 1 00 1
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAK	ING CHANGES	
City & State		City & State		4. FEI Number 65-1122670		oplied For ot Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$5.00 Add	ditional
·	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registere	d Agent	
KRATZ, D.BRUCE ESQ.			Name			
1061 EAST INDIANTOWN ROAD SUITE 400 JUPITER FL 33477-5143				(P.O. Box Number is Not Acceptable)		
						'
			City	F	Zip Code	е
8. The above the obligat	named entity submits this statement for ions of registered agent.	or the purpose of changing its re	egistered office or registe	ered agent, or both, in the State of Florida. I a	m familiar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable /NOTE:	Registered Agent signature require	ed when reinstating) DATI		
			W!!! FEE IS \$50.00	i i i i i i i i i i i i i i i i i i i	-	
		Make Check Payable				1
		-	By May 1, 2003			Ì
9.	MANAGING MEMBI		10.	ADDITIONS/CHANG	ES	
TITLE	MGRM	☐ Delete	TITLE		Change	☐ Addition
NAME STREET ADDRESS	HARTBRODT, RICK 17159 SE LIMERICK CT		NAME STREET ADDRESS			
CITY-ST-ZIP	TEQUESTA FL 33469					
TITLE			CITY-ST-ZIP			
NAME		☐ Delete			☐ Change	☐ Addition
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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:

IANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)