

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2002 8:00 am**  
**Secretary of State**

03-14-2002 90008 036 \*\*\*\*55.00

**DOCUMENT # L01000011674**

**1. Entity Name**  
**THE FROG & THE FLY LLC**

**Principal Place of Business**

**91200 OVERSEAS HWY  
 TAVERNIER FL 33070**

**Mailing Address**

**91200 OVERSEAS HWY  
 TAVERNIER FL 33070**

**2. Principal Place of Business**

**91252 OVERSEAS HWY  
 Suite, Apt. #, etc.**

**3. Mailing Address**

**91252 OVERSEAS HWY  
 Suite, Apt. #, etc.**

**City & State**

**TAVERNIER, FL**

**Zip**  
**33070**

**Country**

**USA**

**City & State**

**TAVERNIER, FL**

**Zip**  
**33070**

**Country**

**USA**

**4. FEI Number**

**65-1123726**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☒

**\$5.00 Additional  
 Fee Required**

**6. Name and Address of Current Registered Agent**

**BALL, JUDITH E  
 91200 OVERSEAS HWY  
 TAVERNIER FL 33070**

**7. Name and Address of New Registered Agent**

**Name**

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

**City**

**FL**

**Zip Code**

**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**

*Judith E. Ball*

**2-28-02**

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**  
**OWNER-MANAGER**  
**JUDITH E. BALL**  
**91252 OVERSEAS HWY**  
**TAVERNIER, FL 33070**

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**CITY-ST-ZIP**

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**10. ADDITIONS/CHANGES**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**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:**

*Judith E. Ball*

**2-28-02**

**305-852-8884**

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

Date

Daytime Phone #

CR2E083 (9/01)

C 30775