

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L01000012307**

1. Entity Name

MRC DEVELOPMENT, LLC

FILED

02 OCT 17 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business

1663 TECHNOLOGY AVE.
ALACHUA FL 32615

Mailing Address

1663 TECHNOLOGY AVE.
ALACHUA FL 32615

2. Principal Place of Business

1950 NE 27th AVE

Suite, Apt. #, etc.

3. Mailing Address

1950 NE 27th AVE

Suite, Apt. #, etc.

City & State

GAINESVILLE FL

Zip

32609

Country

USA

City & State

GAINESVILLE FL

Zip

32609

Country

USA

4. FEI Number

59-373125

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

COX, JOHN D
1663 TECHNOLOGY AVE.
ALACHUA FL 32615

7. Name and Address of New Registered Agent

Name

ROHS, THOMAS J.

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

1950 NE 27th AVE

City

GAINESVILLE

FL

Zip Code

32609

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

Thomas J. Rohn
Signature, typed or printed name of registered agent and title if applicable.**THOMAS J. ROHS CHAIRMAN & MANAGING PARTNER**

(NOTE: Registered Agent signature required when reinstating)

9/18/02
Date**FILE NOW!!! FEE IS \$50.00****Make Check Payable to Department of State
Due By September 25, 2002**

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CHAIRMAN OF THE BOARD - C.E.O. ROHS, THOMAS J. 1950 NE 27th AVE GAINESVILLE FL 32609	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MANAGING MEMBER
PRESIDENT COX, JOHN D., PH.D. 1950 NE 27th AVE GAINESVILLE FL 32609	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MANAGING MEMBER
VICE PRESIDENT - OPERATIONS MORALES, LOUIS A. 1950 NE 27th AVE GAINESVILLE FL 32609	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MANAGING MEMBER
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E083 (4/02)

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

Thomas J. Rohn
Signature, typed or printed name of signing managing member, manager, or authorized representative**THOMAS J. ROHS CHAIRMAN & MANAGING PARTNER**

Date

Daytime Phone #

352-335-0033
X123