

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90003 035 \*\*\*\*50.00

DOCUMENT # **L01000012872**

1. Entity Name

**TASTEFULLY DONE LLC**

Principal Place of Business

17635 S.E. 117 CIRCLE  
SUMMERFIELD FL 34491  
US

Mailing Address

17635 S.E. 117 CIRCLE  
SUMMERFIELD FL 34491  
US

86810

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3755808**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MORAN, GERALD P**  
**17635 S.E. 117 CIRCLE**  
**SUMMERFIELD FL 34491**

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

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

10. ADDITIONS/CHANGES

TITLE: **PRESIDENT**  Delete  
NAME: **GERALD P. MORAN**  
STREET ADDRESS: **17635 SE 117 CIRCLE**  
CITY-ST-ZIP: **SUMMERFIELD FL 34491**

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

TITLE: **VICE PRESIDENT**  Delete  
NAME: **ARLENE M. MORAN**  
STREET ADDRESS: **17635 SE 117 CIRCLE**  
CITY-ST-ZIP: **SUMMERFIELD FL 34491**

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

TITLE:  Delete  
NAME:  Delete  
STREET ADDRESS:  Delete  
CITY-ST-ZIP:  Delete

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

TITLE:  Delete  
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STREET ADDRESS:  Delete  
CITY-ST-ZIP:  Delete

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TITLE:  Delete  
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CITY-ST-ZIP:  Delete

TITLE:  Change  Addition  
NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**GERALD P. MORAN**  
**REQUIRED**

Date

**4-08-02**

Daytime Phone #

**352-207-2032**

CR2E063 (9/01)