

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000012962

1. Entity Name

RIGHT ON PLATT, LC

Principal Place of Business

400 N. TAMPA STREET, SUITE 2300
TAMPA FL 33602

Mailing Address

400 N. TAMPA STREET, SUITE 2300
TAMPA FL 33602

2. Principal Place of Business

101 E. Kennedy Blvd.

3. Mailing Address

802 S. Edison Ave.

Suite, Apt. #, etc.
2800

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33602

Country

USA

Zip

33606

Country

USA

6. Name and Address of Current Registered Agent

GOODWIN, JAMES W

400 NORTH TAMPA STREET, SUITE 2300
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name

Julie A. Imanuel, Esq.

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

101 E. Kennedy Blvd.,

Ste. 2800

City

Tampa

FL

Zip Code

33602

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

Julie A. Imanuel

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04/10/02

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
Kimberly Swann Brown 302 S. Howard Ave. Tampa, FL 33606
Delete Manager - Pres.

TITLE NAME STREET ADDRESS CITY-ST-ZIP
Henry C. Brown 302 S. Howard Ave. Tampa, FL 33606
Delete Manager - V.P.

TITLE NAME STREET ADDRESS CITY-ST-ZIP
May J. Brown 302 S. Howard Ave. Tampa, FL 33606
Delete Manager - Sec/Treas

TITLE NAME STREET ADDRESS CITY-ST-ZIP
Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP
Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP
Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP
Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP
400005431424-86
-05/02/02--01063--016
****250.00 *****50.00
Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP
Change Addition

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:

Kimberly Swann Brown

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

06/16/02

Date

Deputy Secretary

APPROVED
AND
FILED

02 JUN 19 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)