

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000014381

FILED  
Aug 19, 2003  
Secretary of State

**Entity Name:** FATHOM THIS, LLC

**Current Principal Place of Business:**

C/O KIMARIE R. STRATOS, P.A.  
1172 S. DIXIE HWY., STE. 393  
CORAL GABLES, FL 33146

**New Principal Place of Business:**

**Current Mailing Address:**

C/O KIMARIE R. STRATOS, P.A.  
1172 S. DIXIE HWY., STE. 393  
CORAL GABLES, FL 33146

**New Mailing Address:**

**FEI Number:** 65-1143408

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PECKNOLD, SARITA  
5013 S.W. 76TH ST.  
MIAMI, FL 33143 US

**Name and Address of New Registered Agent:**

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:**

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

**Title:** MGRM ( ) Delete  
**Name:** HOLLOWAY, JASON  
**Address:** PO BOX 4489  
**City-St-Zip:** SIDNEY, OH 45365 US

**ADDITIONS/CHANGES:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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:** JASON HOLLOWAY

MGRM

08/19/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date