

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90192 004 ****55.00

DOCUMENT # L01000018387

1. Entity Name

NETROADIES LLC

Principal Place of Business

**250 E. MADERIA AVE.
 MADEIRA BEACH FL 33708**

Mailing Address

**250 E. MADERIA AVE.
 MADEIRA BEACH FL 33708**

2. Principal Place of Business

16109 1st St. E.

Suite, Apt. #, etc.

3. Mailing Address

16109 1st St. E.

Suite, Apt. #, etc.

City & State

Redington Beach, FL

City & State

Redington Beach FL

Zip

33708

Country

USA

Zip

33708

Country

USA

4. FEI Number

74 - 3037814

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**DEROSA, THOMAS
 250 E. MADERIA AVE.
 MADEIRA BEACH FL 33708**

7. Name and Address of New Registered Agent

Name

De Rosa, Thomas

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

16109 1st St E.

1

City

REDINGTON BEACH

FL

Zip Code

33708

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

Thomas De Rosa

Thomas De Rosa

4/12/02

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**

**ATE
 Y**

9. MANAGING MEMBERS/MANAGERS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
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 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☒ Addition
**Principal
 Maria De Rosa
 16109 1st St E.
 Redington Beach FL 33708**

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 ☐ 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:

Thomas De Rosa

Thomas De Rosa

4/12/02 727-391

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

Date

Daytime Phone #

8474

CR2E083 (9/01)