

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

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

04-30-2002 90136 029 \*\*\*\*50.00

DOCUMENT # L01000020788

1. Entity Name

SURFACE ONE, L.L.C.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2853 Dawn Road  
Suite, Apt. #, etc.  
2853 Dawn Road

3. Mailing Address

711 Commercial Drive  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Jacksonville FL

City & State

Holly Hill FL

4. FEI Number

01-0576133

Applied For

Not Applicable

Zip  
32207

Country  
USA

Zip  
32117

Country  
USA

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

M.A. Rhynard

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

515 S. Ridgewood Avenue

City

Daytona Beach

FL

Zip Code

32114

**DO NOT WRITE  
IN THIS SPACE**

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

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President  
Richard C. Maugeri  
711 Commercial Drive  
Holly Hill FL 32117

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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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:

*RCM*

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

4/22/02 386 253-6646

Date

Daytime Phone #

CR2E083B (12/01)