

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

**FILED**  
**Jun 03, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90373 025 \*\*\*\*50.00

**DOCUMENT #** L01000022399

**1. Entity Name**

FDS INVESTMENTS, LLC

**DO NOT WRITE IN THIS SPACE**

90563

**2. Principal Place of Business**

FIRST UNION NATIONAL BANK

**3. Mailing Address**

1819 MAIN STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SARASOTA, FLORIDA

**4. FEI Number**

80-0028769

Applied For

Not Applicable

Zip

Country

Zip

Country

34236

USA

**5. Certificate of Status Desired** ☐

**\$5.00 Additional  
Fee Required**

**7. Name and Address of Current Registered Agent**

Name

DAVID M. SILBERSTEIN

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

720 SOUTH ORANGE AVENUE

City

SARASOTA

FL

Zip Code  
34236

**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  
FIRST UNION NATIONAL BANK  
TRUSTEE OF THE FLORENCE D. SCHWARTZ  
IRREVOCABLE TRUST U/A DTD. 6/7/00  
1819 MAIN STREET, SUITE 230  
SARASOTA, FL 34236

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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.**

**FIRST UNION NATIONAL BANK**

**SIGNATURE:**

by *Wendy Cudzilo*

4/22/02

941-361-5810

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

Date

Daytime Phone #

**WENDY CUDZILO**

CR2E083B (12/01)