

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

04-22-2003 90180 026 ****55.00

FILE # L02000000146

SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUL -9 PM 2: 17

DOCUMENT # L02000000146

1. Entity Name

FUDPUCKER TRADING COMPANY, LLC



Principal Place of Business

Mailing Address

20001-A EMERALD COAST PARKWAY
DESTIN FL 32541

20001-A EMERALD COAST PARKWAY
DESTIN FL 32541

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

26-0008901

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EDWARDS, TIMOTHY M
20001-A EMERALD COAST PARKWAY
DESTIN FL 32541

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
FUDPUCKER'S PROPERTIES, INC.
20001-A EMERALD COAST PARKWAY
DESTIN FL 32541 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
~~PARTNER~~
~~DAVID E SMITH~~ ☐ Delete
~~288 TRADEWINDS DRIVE~~
~~SANTA ROSA BEACH, FL 32459~~

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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
~~PARTNER~~
DAVID E SMITH ☐ Change ☒ Addition
288 TRADEWINDS DRIVE
SANTA ROSA BEACH, FL 32459

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

Timothy M. Edwards
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

04-14-03

Date

(950) 654-1544

Daytime Phone #

CP2E083 (10/02)