

**FILED**

**Apr 21, 2003 8:00 am**  
**Secretary of State**

03-19-2003 90044 019 \*\*\*\*50.00

**2003 LIMITED LIABILITY COMPANY  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # L02000002587**

1. Entity Name  
**MADDOG, LLC**



Principal Place of Business  
**8132 LI FAIR DRIVE  
 PENSACOLA FL 32506**

Mailing Address  
**8132 LI FAIR DRIVE  
 PENSACOLA FL 32506**

2. Principal Place of Business  
**8132 Li Fair Dr.**  
 Suite, Apt. #, etc.

3. Mailing Address  
**8132 Li Fair Dr.**  
 Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State  
**Pensacola, FL**  
 Zip  
**32506**  
 Country  
**Eccambia**

City & State  
**Pensacola, FL**  
 Zip  
**32506**  
 Country  
**Eccambia**

4. FEI Number  
**05-039-6711**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

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

**DUNCAN, MICHAEL H  
 8132 LI FAIR DRIVE  
 PENSACOLA FL 32506**

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

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 rehashing)

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 **Owner MGRM** ☐ Delete  
 NAME **Michael Duncan**  
 STREET ADDRESS **8132 Li Fair Dr.**  
 CITY-ST-ZIP **Pensacola, FL 32506**

TITLE **Owner MGRM** ☐ Delete  
 NAME **Jessica Duncan**  
 STREET ADDRESS **8132 Li Fair Dr.**  
 CITY-ST-ZIP **Pensacola, FL 32506**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**10. ADDITIONS / CHANGES**

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

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

**2/25/03 (820) 291-6050**  
 Date Daytime Phone #

CR2E083 (10/02)