

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

04-21-2003 90117 012 \*\*\*\*55.00

0050572

**DOCUMENT # L02000005222**

1. Entity Name

TCM DUDA, LLC



Principal Place of Business

1975 WEST STATE ROAD 426  
OVIEDO FL 32765

Mailing Address

P.O. BOX 620257  
OVIEDO FL 32762-0257

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

01-0632069

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

DUDA CHAPMAN, TRACY  
1975 WEST STATE ROAD 426  
OVIEDO FL 32765

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 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 MGR  
NAME DUDA, THOMAS D  
STREET ADDRESS 1975 WEST STATE ROAD 426  
CITY-ST-ZIP OVIEDO FL 32765 ☐ Delete

TITLE MGR  
NAME BASETTI, MARK  
STREET ADDRESS 1975 WEST STATE ROAD 426  
CITY-ST-ZIP OVIEDO FL 32765 ☐ Delete

TITLE MGR  
NAME TERESA, EMILIO  
STREET ADDRESS SHEERNESS PRODUCE TERMINAL, SPADE LAN E  
CITY-ST-ZIP SITTINGBOURNE KENT NE9 7TT U ☐ Delete

TITLE MGR  
NAME HART, GREG  
STREET ADDRESS MILL HOUSE RIVER WAY  
CITY-ST-ZIP HARLOW CM20 2DW UK ☐ 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 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE MGRM  
NAME A. Duda & Sons, Inc.  
STREET ADDRESS 1975 West State Road 426  
CITY-ST-ZIP Oviedo, FL 32765 ☐ 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:

*Signature Required*

David J. Duda

4-3-03

(407) 365-2111

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

Date

Daytime Phone #

CR2E083 (10/02)