

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000010330

Entity Name: HIDDEN POCKETS, LLC

FILED  
Apr 13, 2003  
Secretary of State

**Current Principal Place of Business:**

6208 HWY. 90  
MILTON, FL 32570

**New Principal Place of Business:**

**Current Mailing Address:**

6208 HWY. 90  
MILTON, FL 32570

**New Mailing Address:**

FEI Number: 04-3653262

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WHITE, RANDAL R  
5170 ANNIE RUTH ST.  
MILTON, FL 32570 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: WHITE, RANDAL R  
Address: 5170 ANNIE RUTH STREET  
City-St-Zip: MILTON, FL 32570

Title: MGRM ( ) Change (X) Addition  
Name: WHITE, CHERYL R  
Address: 5170 ANNIE RUTH STREET  
City-St-Zip: MILTON, FL 32570

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: CHERYL R. WHITE

MGRM

04/13/2003

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date