

03-31-2003 90004 041 ****50.00

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

3/3

44001405



CHECK HERE IF MAKING CHANGES

DOCUMENT # L02000010848			
1. Entity Name THE SCROUNGE AROUND SHOP, L.L.C.			
Principal Place of Business 848 DAUGHTERY ROAD WEST LAKELAND FL 33809		Mailing Address 848 DAUGHTERY ROAD WEST LAKELAND FL 33809	
2. Principal Place of Business 848 Daughtery Rd w. <small>Suite, Apt. #, etc.</small>		3. Mailing Address 848 Daughtery Rdw. <small>Suite, Apt. #, etc.</small>	
City & State Lakeland FL		City & State Lakeland FL	
4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable		
Zip 33809	Country USA	Zip 33809	Country USA
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent MEDINE, MARY 848 DAUGHTERY ROAD WEST LAKELAND FL 33809		7. Name and Address of New Registered Agent Name: <u>Mary L Meinke</u> Street Address (P.O. Box Number is Not Acceptable): <u>848 Daughtery Rd w.</u> <u>Lakeland</u> City: <u>FL</u> Zip Code: <u>33809</u>	
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: <u>Mary L Meinke</u> Date: <u>4-7-03</u> <small>Signature, Name or Printed Name of Registered Agent and Date of Application (NOTE: Registered Agent Signature Required when establishing Date)</small>			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>OWNER MGRM</u> <u>Mary L Meinke</u> <u>848 Daughtery Rd w</u> <u>Lakeland, FL, 33809</u> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(d), 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 606, Florida Statutes.			
SIGNATURE: <u>Mary L Meinke</u>		SIGNATURE REQUIRED <u>Meinke</u> Date: <u>3-28-03</u> <u>83-858-5605</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF FILING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>	

CR-2003 (10/02)