

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000013179

FILED
Mar 25, 2003
Secretary of State

Entity Name: 3 R'S, L.L.C.

Current Principal Place of Business:

478 OLD OAK CIRCLE
PALM HARBOR, FL 34683

New Principal Place of Business:

35236 US HIGHWAY 19 N.
PALM HARBOR, FL 34684

Current Mailing Address:

478 OLD OAK CIRCLE
PALM HARBOR, FL 34683

New Mailing Address:

352360 US HIGHWAY 19 N.
PALM HARBOR, FL 34684

FEI Number: 35-2170037

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROWLEY, JOHN L
478 OLD OAK CIRCLE
PALM HARBOR, FL 34683

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:

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

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: ROWLEY, BONITA T
Address: 478 OLD OAK CR.
City-St-Zip: PALM HARBOR, FL 34683

Title: MGRM () Change (X) Addition
Name: ROWLEY, KATE M
Address: 478 OLD OAK CR.
City-St-Zip: PALM HARBOR, FL 34683

Title: MGRM () Change (X) Addition
Name: ROWLEY, JOHN L
Address: 478 OLD OAK CR.
City-St-Zip: PALM HARBOR, FL 34683

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: JOHN L. ROWLEY

TRES

03/25/2003

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