

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90004 020 ****50.00

DOCUMENT # L02000016117

1. Entity Name

THE DAVID MIDDLETON GROUP, LLC



Principal Place of Business

**833 CLOUDBERRY BRANCH WAY
JACKSONVILLE FL 32259**

Mailing Address

**833 CLOUDBERRY BRANCH WAY
JACKSONVILLE FL 32259**

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

01-0722521

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FINANCIAL FOUNDATIONS, INC.
3150 SANDY RIDGE DRIVE
CLEARWATER FL 33761**

7. Name and Address of New Registered Agent

Name

David L. Middleton

Street Address (P.O. Box Number is Not Acceptable)

833 Cloud Berry Branch Way

City

Jacksonville

FL

32259

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 **David L. Middleton**
Signature, typed or printed name of registered agent and title if applicable.

David L. Middleton
(NOTE: Registered Agent signature required when reinstating)

1-6-03
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** ☐ Delete
NAME **MIDDLETON, DAVID L**
STREET ADDRESS **833 CLOUDBERRY BRANCH WAY**
CITY-ST-ZIP **JACKSONVILLE FL 32259**

TITLE **MGR** ☐ Delete
NAME **MIDDLETON, DEBORAH L**
STREET ADDRESS **833 CLOUDBERRY BRANCH WAY**
CITY-ST-ZIP **JACKSONVILLE FL 32259**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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
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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 **David L. Middleton** **David L. Middleton Mgr** **1-6-03** **904-230-1870**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)