

FILED

03 MAY -1 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000024944			
1. Entity Name THE DUTCHER GROUP, LC			
Principal Place of Business 8519 BELLA WAY TAMPA, FL 33635		Mailing Address 8519 BELLA WAY TAMPA, FL 33635	
2. Principal Place of Business 5401 W. Kennedy Blvd Suite, Apt. #, etc. 1000		3. Mailing Address 5401 W. Kennedy Blvd Suite, Apt. #, etc. 1000	
City & State Tampa, FL		City & State Tampa, FL	
Zip 33609	Country USA	Zip 33609	Country USA
4. FEI Number 51-0428321		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent JAMES, G. RANDY ESQ 4230 S. MACDILL AVE STE. K TAMPA, FL 33611		7. Name and Address of New Registered Agent Name DEVIN DUTCHER Street Address (P.O. Box Number is Not Acceptable) 8519 BELLA WAY City TAMPA FL Zip Code 33635	
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>Devin Dutcher</u> DATE <u>4/28/03</u> (Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when registering.)			
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	DIRECTOR JIM DUTCHER 360 LARBOARD WAY CLEARWATER, FL 33767 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR SHERYL DUTCHER 360 LARBOARD WAY CLEARWATER, FL 33767 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/CEO DEVIN DUTCHER 8519 BELLA WAY TAMPA, FL 33635 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CREATIVE SERVICES GEORGE ZWIERKO 6804 DIXON AVE TAMPA FL 33604 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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)(f), 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 registered trustee empowered to execute this report as required by Chapter 606, Florida Statutes. SIGNATURE <u>[Signature]</u> DATE <u>4/28/03</u> 813-287-2501 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

CR2003 (10/02)

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05/01/03--01042--005 **50.00409 E Gaines Street
Tallahassee, FL 32399