

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2003 8:00 am
Secretary of State

5/4

05-05-2003 90092 032 ****50.00

DOCUMENT # L02000029374

1. Entity Name

BARRAD MARKETING GROUP, LLC



Principal Place of Business
**134 EAST FORT DADE AVENUE
BROOKSVILLE FL 34601
US**

Mailing Address
**134 EAST FORT DADE AVENUE
BROOKSVILLE FL 34601
US**

44002519



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BARBEE, DEBRA K
134 EAST FORT DADE AVENUE
BROOKSVILLE FL 34601**

Name

DAVIS, DEBRA K.

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

134 E. FT. DADE AVE

City

BROOKSVILLE

FL

Zip Code

34601

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

Debra K. Davis

DEBRA K. DAVIS

4-28-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

**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
**MGRM
BARBEE, PETER M
134 EAST FORT DADE AVENUE
BROOKSVILLE FL 34601**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Debra K. Davis

REQUIRE

4/28/03

352-754-8688

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)