


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 30, 2003 8:00 am**  
**Secretary of State**

06-30-2003 90001 038 \*\*\*\*50.00

DOCUMENT # *LD2000031935*  
1. Entity Name  
**FUTURITY INVESTMENTS, LLC**



**DO NOT WRITE IN THIS SPACE**

**10109204**

2. Principal Place of Business  
**1100 Pinellas Bayway**  
Suite, Apt. #, etc.  
**H-1**

3. Mailing Address  
**1100 Pinellas Bayway**  
Suite, Apt. #, etc.  
**H-1**

DO NOT WRITE IN THIS SPACE

City & State  
**Tierra Verde, FL**

City & State  
**Tierra Verde, FL**

4. FEI Number **65-1162428** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

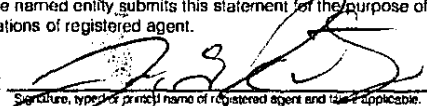
7. Name and Address of Current Registered Agent

Name **Jerry T. Rattledge**

Street Address (P.O. Box Number is Not Acceptable)  
**1100 Pinellas Bayway, Unit H-1**

City **Tierra Verde** State **FL** Zip Code **33715**

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  **Jerry T. Rattledge** DATE **4/21/03**

Signature, typed or printed name of registered agent and date applicable. (NOTE: Registered Agent signature required when consenting.)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

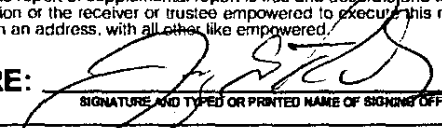
9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME	<b>Jerry T. Rattledge, Managing Member</b>	TITLE NAME	
STREET ADDRESS	<b>1100 Pinellas Bayway, Unit H-1</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>Tierra Verde, FL 33715</b>	CITY-ST-ZIP	
TITLE NAME		TITLE NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME		TITLE NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME		TITLE NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME		TITLE NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

CR2E0348 (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Jerry T. Rattledge** DATE **4/21/03** DAYTIME PHONE # **727-867-9116**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #