

2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT
102000032446

APPROVED
ASIO
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001781

DOCUMENT # 102000032446

1. Entity Name

P3DIRECT, LLC



03 OCT 16 AM 8:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
15950 BAY VISTA DRIVE STE. 140 CLEARWATER FL 33760	15950 BAY VISTA DRIVE STE. 140 CLEARWATER FL 33760

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



9/29

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
MCFARLAND, SCOTT J 15950 BAY VISTA DRIVE STE. 140 CLEARWATER FL 33760

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City

REINSTATEMENT

2583

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 *Scott McFarland* (NOTE: Registered Agent signature required when reinstating) DATE 9/8/03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
President CEO Scott McFarland 15950 Bay Vista Drive Ste. 140 Clearwater FL 33760	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Vice President Dean Moss 15950 Bay Vista Drive Ste. 140 Clearwater FL 33760	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Vice President Robert Pizzip 15950 Bay Vista Drive Ste. 140 Clearwater FL 33760	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Vice Pres. Sec. & Treas. Craig Cochran 15950 Bay Vista Drive Ste. 140 Clearwater, FL 33760	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
303065907528 10/3/03/03 90010 003 \$50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Scott McFarland* DATE 9/8/03 DAYTIME PHONE # 727-523-8660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2FNR3 (4/03)