2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
03 OCT -6 AM 8:55
SECRETARY OF STATE
TALLAHASSEE FLORIDA

0020664

DOCUMENT # L02000034598

1. Entity Name
THE DVORAK DIFFERENCE, L.L.C.

Principal Place of Business	Mailing Address
2166 OAK FOREST LANE PALM HARBOR FL 34683	2166 OAK FOREST LANE PALM HARBOR FL 34683

2. Principal Place of Business: 29259 US Hwy 19N
Suite, Apt. #, etc.:
City & State: Clearwater, FL
Zip: 33761 Country: USA (PINELLAS)

3. Mailing Address
Suite, Apt. #, etc.:
City & State:
Zip: Country:

10/4 ☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 11-3703492 Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
DVORAK, JOAN M
2166 OAK FOREST LANE
PALM HARBOR FL 34683

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

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	☐ Delete
NAME	DVORAK, JOAN M	
STREET ADDRESS	2166 OAK FOREST LANE	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	500023909175
CITY-ST-ZIP	10/17/03--01061--013 **50.00
TITLE	☐ Change ☐ Addition
NAME	
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CITY-ST-ZIP	
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TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E083 (4/03)

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: JOAN M DVORAK 9/2/03 727-424-5560
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #