2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   L94000000448

1. Entity Name

NDB/SRQ, L.C.

Principal Place of Business	Mailing Address
8323 CYPRESS HOLLOW DR.	8323 CYPRESS HOLLOW DR.
SARASOTA FL 34238	SARASOTA FL 34238-5631

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	4. FEI Number **65-0528061** Applied For / Not Applicable
Zip Country	Zip Country	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
WEEGHMAN, RICHARD B 8323 CYPRESS HOLLOW DR. SARASOTA FL 34238	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.

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 Department of State

9. MANAGING MEMBERS / MEMBERS   10. ADDITIONS / CHANGES

TITLE	MGRM	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	WEEGHMAN, RICHARD B		NAME			
STREET ADDRESS	8323 CYPRESS HOLLOW DR.		STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34238		CITY-ST-ZIP			

TITLE	MGRM	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	HARTO, MAURO A		NAME	400003112244---9		
STREET ADDRESS	7102 WESTMORLAND DRIVE		STREET ADDRESS	-01/27/00--01014--007		
CITY-ST-ZIP	SARASOTA FL 34234		CITY-ST-ZIP	*****50.00 *****50.00		

TITLE	MGRM	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	ANDERSON, ROBERT W		NAME			
STREET ADDRESS	6221 45TH AVENUE DRIVE E		STREET ADDRESS			
CITY-ST-ZIP	BRADENTON FL 34203		CITY-ST-ZIP			

TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

TITLE		☐ Delete	TITLE		☐ Change	☐
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

TITLE		☐ Delete	TITLE		☐ Change	☐
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

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: _Richard B Weeghman_   Richard B. Weeghman   1/12/00   941-921-4362

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER   Date   Daytime Phone #