

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000000071

1. Entity Name

ADVANCED OBJECT DYNAMICS, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 16 PM 3:07

Principal Place of Business

350 MAYFAIR CIRCLE EAST
PALM HARBOR FL 34683

Mailing Address

350 MAYFAIR CIRCLE EAST
PALM HARBOR FL 34683-5816

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3349296

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

CLARK, JAMES L
201 N. MACDILL AVE.
TAMPA FL 33609

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 MGR ☐ Delete
NAME JAUFMANN, EDWIN J JR.
STREET ADDRESS 350 MAYFAIR CIRCLE EAST
CITY- ST- ZIP PALM HARBOR FL 34683

TITLE ☐ Change ☐ Addition
NAME 700003187467--3
STREET ADDRESS -03/28/00--01079--001
CITY- ST- ZIP *****50.00 *****50.00

TITLE MGR ☒ Delete
NAME STUDNICKA, STEPHEN L
STREET ADDRESS 350 MAYFAIR CIRCLE EAST
CITY- ST- ZIP PALM HARBOR FL 34683

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

TITLE MGR ☐ Delete
NAME VANDOREN, N. RICHARD
STREET ADDRESS 350 MAYFAIR CIRCLE EAST
CITY- ST- ZIP PALM HARBOR FL 34683

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

SIGNATURE REQUIRED
Edwin J. Jaufmann Jr. 3/10/00 727-787-5911