2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000000071

1. Entity Name

ADVANCED OBJECT DYNAMICS, L.C.

Principal Place of Business	Mailing Address
350 MAYFAIR CIRCLE EAST PALM HARBOR FL 34683	350 MAYFAIR CIRCLE EAST PALM HARBOR FL 34683

4/8 # 2304

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business	3. Mailing Address PO Box 1085	DO NOT WRITE IN THIS SPACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State Palm Harbor Fl	4. FEI Number 59-3349296	Applied For / Not Applicable
Zip	Country	Zip 34683	Country USA	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
Due By September 26, 2001

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE MGR NAME JAUFMANN, EDWIN J JR. STREET ADDRESS 350 MAYFAIR CIRCLE EAST CITY-ST-ZIP PALM HARBOR FL 34683	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE MGR NAME VANDOREN, N. RICHARD STREET ADDRESS 350 MAYFAIR CIRCLE EAST CITY-ST-ZIP PALM HARBOR FL 34683	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
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CR2E083 (5/01)

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: _____ Edwin Jaufmann Jr. 8-15-01 727-787-5911

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