

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002447

1. Entity Name  
ARDECO, L.L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 AUG -2 PM 1:25

Principal Place of Business  
1900 SUMMIT TOWER BOULEVARD, SUITE 260  
ORLANDO FL 32810

Mailing Address  
1900 SUMMIT TOWER BOULEVARD, SUITE 260  
ORLANDO FL 32810



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
423 S. Keller Rd.  
Suite, Apt. #, etc.  
Ste. 200  
City & State  
Orlando FL

3. Mailing Address  
423 S. Keller Rd.  
Suite, Apt. #, etc.  
Ste. 200  
City & State  
Orlando, FL

4. FEI Number  
59-3587437

Applied For  
Not Applicable

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

Zip Country  
32810 USA

Zip Country  
32810 USA

6. Name and Address of Current Registered Agent  
SCOTT, RAY  
1900 SUMMIT TOWER BOULEVARD, SUITE 260  
ORLANDO FL 32810

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, RAY		NAME		
STREET ADDRESS	1900 SUMMIT TOWER BOULEVARD, SUITE 260		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32810		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	300003349633	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS	-08/08/00-01082--002	
CITY-ST-ZIP			CITY-ST-ZIP	*****50.00 *****50.00	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Raymond Scott REQUIRED 7.19.00 407 660 2766

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

CR2E083 (5/00)