

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0017378 AB

DOCUMENT # L990000000048

1. Entity Name
LIDOSMITH, LLC

00 MAR 29 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

rf 4/7

Principal Place of Business
700 JOHN RINGLING ROAD
SARASOTA FL 34236-1505

Mailing Address
C/O PAWLING CORPORATION
157 CHARLES COLEMAN BLVD.
PAWLING NY 12564-1121



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number 59-3561637

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

CLASP, INC.
3001 TAMiami TRAIL NORTH, 4TH FLOOR
NAPLES FL 34103

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 / MEMBERS | | | 10. ADDITIONS / CHANGES | | |
|-------------------------------|---------------------------|---------------------------------|-------------------------|---------------------------------|-----------------------------------|
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | MGR | | NAME | | |
| STREET ADDRESS | SMITH, STEPHEN | | STREET ADDRESS | 800003212898--7 | |
| CITY-ST-ZIP | 157 CHARLES COLEMAN BLVD. | | CITY-ST-ZIP | -04/18/00--01090--001 | |
| | PAWLING NY 12564 | | | *****50.00 *****50.00 | |
| TITLE | MGR | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | SMITH, ROGER | | NAME | | |
| STREET ADDRESS | 157 CHARLES COLEMAN BLVD. | | STREET ADDRESS | | |
| CITY-ST-ZIP | PAWLING NY 12564 | | CITY-ST-ZIP | | |
| TITLE | MGR | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | BUSBY, VALERIE | | NAME | | |
| STREET ADDRESS | 157 CHARLES COLEMAN BLVD. | | STREET ADDRESS | | |
| CITY-ST-ZIP | PAWLING NY 12564 | | 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 | | |
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| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
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| 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: *Rose* SIGNATURES REQUIRED

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

3/10/00 9:4 855-1000

Date Daytime Phone #

CR2E083 (9/99)