

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004030

1. Entity Name

SEDCO INTERNATIONAL, LLC

FILED

00 FEB -3 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

11325 COUNTY ROAD 44 E
LEESBURG FL 34788

Mailing Address

11325 COUNTY ROAD 44 E
LEESBURG FL 34788-2615

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P.O. Box 490779

Suite, Apt. #, etc.

City & State

Leesburg

Zip

FL

Country

34749

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

SUMMERS, GARY L
WILLIAMS, SMITH AND SUMMERS, P.A.
380 WEST ALFRED STREET
TAVARES FL 32778

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

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

TITLE MGR
NAME FULLER, G. KENT
STREET ADDRESS 11325 COUNTY ROAD 44E
CITY-ST-ZIP LEESBURG FL 34788 ☐ Delete

TITLE MGR
NAME SWITZER, GLEN R
STREET ADDRESS 11325 COUNTY ROAD 44E
CITY-ST-ZIP LEESBURG FL 34788 ☐ Delete

TITLE MGR
NAME SHAFEE, HASSAN R
STREET ADDRESS 3009 WEST SITIOS STREET
CITY-ST-ZIP TAMPA FL 33629 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
800003127148-1
-02/08/00-01053-005
*****50.00 *****50.00

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

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

TITLE MGR
NAME Edward R. Brown
STREET ADDRESS 11325 CR 44E
CITY-ST-ZIP Leesburg FL 34788 ☐ Change ☒ Addition

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

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

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 #

1-18-00

352 787-1422