2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005026

1. Entity Name
RON-DAR, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 21 AM 10: 02

Principal Place of Business	Mailing Address
6263 MIDNIGHT PASS ROAD UNIT 102-1 SARASOTA FL 34242	6263 MIDNIGHT PASS ROAD UNIT 102-1 SARASOTA FL 34242

2. Principal Place of Business	3. Mailing Address
5570 Siesta Estates Ct.	5570 Siesta Estates Ct.
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: Sarastoa	City & State: FLORIDA
Zip: 34242 / Country: U.S.A.	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number — ☑ Applied For ☐ Not Applicable

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
CORIROSSI, RONALD J 6263 MIDNIGHT PASS ROAD UNIT 102-1 SARASOTA FL 34242	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 _____ 8/1/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Ronald J. Corirossi

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CORIROSSI, RONALD J 6263 MIDNIGHT PASS ROAD, UNIT 102-1 SARASOTA FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition Ronald J. Corirossi 5570 Siesta Estates Ct. Sarasota. FL. 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PARADOSKI, DARCEY C 6263 MIDNIGHT PASS ROAD, UNIT 102-1 SARASOTA FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition Darcey L. Paradoski 5570 Siesta Estates Ct. Sarasota FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 800003380288--7 -09/01/00--01061--015 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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 REQUIRED 8/1/00 248-576-8285
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #

CR2E083 (5/00)