2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9900005917

THE PDP GROUP, L.L.C.

Principal Place of Business

Mailing Address

Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	·	
City & State	City & State		

FILED Jul 28, 2002 8:00 am Secretary of State 07-28-2002 90171 037 ****50.00

1			234 N. WESTMONTE DR. #200 ALTAMONTE SPRINGS FL 32714					
2. Principal	Place of Business	3. Mailing Address						
3. Walling Address				FAIRBUL BUG FALLO IBULL BALLU DOLLE I	FOIRE OUTER OUTER DESIGN 1810 1			
Suite, Apt. #, etc. Suite, Apt.		Suite, Apt. #, etc.	pt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State		City & State	City & State		4. FEI Number 59-3611820		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certi	ficate of Status Desired	□ \$5.00 A	dditional	
	6. Name and Address of Curren	Registered Agent		7. Nam	e and Address of New R			
SAN	IFORD, ROBERT C	·	Name					
3128 BEACH BLVD. JACKSONVILLE FL 32207			Street Add	ress (P.O. Box N	lumber is Not Acceptable)		
; ;			City			FL Zip Co	de	
8. The above	e named entity submits this statement for	or the purpose of changing its	s registered office or re	gistered agent,	or both, in the State of Flor		n, and accept	
SIGNATURE	Signature, typed or printed name of registered agent							
	Signature, typed or printed name or registered agent		E: Registered Agent signature		ng)	DATE		
		Make Check Pa	OW!!! FEE IS \$50 ayable to Departma y September 25, 20	ent of State				
9.	MANAGING MEMBE	ERS/MANAGERS	10.		ADDITIONS/	CHANGES		
TITLE	MGRM	À Delete	TITLE			☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	P.D.P. NEVADA II, INC. 234 N. WESTMONTE DR., #200 ALTAMONTE SPRINGS FL 32714	l	NAME STREET ADDRESS CITY-ST-ZIP				_	
TITLE NAME STREET ADDRESS	Box lout 7		TITLE NAME STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·		☐ Change	Addition	
CITY-ST-ZIP	JA SIC		CITY-ST-ZIP					
NAME STREET ADDRESS CITY-ST-ZIP	JACK BOUNLY	Sik M □ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	- 1 ·	· · · · · · · · · · · · · · · · · · ·	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HOTE THAT IN	o	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDP HOLDING LL.	C □ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u></u>	11	☐ 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.