

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000009306

1. Entity Name
OTDS ENTERPRISES, LLC

FILED

01 MAY -2 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
412 W. 19TH STREET
SANFORD FL 32771-3829

Mailing Address
412 W. 19TH STREET
SANFORD FL 32771-3829

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 52-2210908

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

WRIGHT, SANDRA
412 W. 19TH STREET
SANFORD FL 32771-3829

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

10. ADDITIONS/CHANGES

TITLE MGR
NAME WRIGHT, SANDRA
STREET ADDRESS 412 W. 19TH STREET
CITY-ST-ZIP SANFORD FL 32771-3829

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR
NAME WRIGHT, MARK
STREET ADDRESS 412 W. 19TH STREET
CITY-ST-ZIP SANFORD FL 32771-3829

TITLE
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CITY-ST-ZIP

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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: *Sandra Wright*

4/27/01

407-330-1935

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

0004963 AF

CR2E083 (11/00)