

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 26, 2003 8:00 am
Secretary of State

08-26-2003 90010 026 ****50.00

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DOCUMENT # M00000000920

1. Entity Name
PEDDLERS MALL LLC



Principal Place of Business
503 W BRANDON BLVD
BRANDON FL 33511

Mailing Address
11310 PRESTON HIGHWAY
LOUISVILLE KY 40229



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 61-1341885

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

GREENWELL, GERIE S
3204 KING CHARLES CIRCLE
SEFFNER FL 33584

7. Name and Address of New Registered Agent

Name **George, John N.**

Street Address (P.O. Box Number is Not Acceptable)

503 W. Brandon Blvd.

City **Brandon**

FL

Zip Code **33511**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

\$0.00

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

8-22-03

9. MANAGING MEMBERS/MANAGERS

TITLE NAME* **GEORGE, PATRICIA C** ☒ Delete
STREET ADDRESS **1202 OLD HARRODS CREEK**
CITY-ST-ZIP **LOUISVILLE KY 40223**

TITLE NAME **GEORGE, JOHN N** ☒ Delete
STREET ADDRESS **1202 OLD HARRODS CREEK**
CITY-ST-ZIP **LOUISVILLE KY 40223**

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME **George, John N.** ☒ Change ☐ Addition
STREET ADDRESS **11310 Preston Highway**
CITY-ST-ZIP **Louisville Ky 40229**

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

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

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TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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:

SIGNATURE REQUIRED

8-22-03

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

Date

Daytime Phone #

CR2E083 (4/03)