2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M0000001472

DEMIDION DEVELOPMENT, LLC



FILED Feb 24, 2003 8:00 am Secretary of State 02-24-2003 90051 026 ****50.00

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	Place of Business	Mailing Address								
15438 NORTH FLORIDA AVE SUITE 102 TAMPA FL 33613		15438 NORTH FLORIDA AVE SUITE 102 TAMPA FL 33613								
2 Principa	N Plant (D					ad ika da ak da ka da ka f				
z. Filicipa	al Place of Business	3. Mailing Address								
Suite, Ap	pt. #, etc.	Suite, Apt. #, etc.	<u> </u>		-	,= #5111 #2411 8	M 111 M M (1 M M 1	et men bil	11 18919 (18) 1 9 61	
						CHECK HERE IF	MAKING	CHANG	ES	
City & St	tate	City & State	.	<u> </u>	4. FEI Number	52-2254614			Applied For	
Zip	Country	7			32 22340 14			Not Applical	ole	
		Zip	Zip Country		5. Certificate of S	tatus Desired		\$5.00	Additional	
	6. Name and Address of Currer	nt Registered Agent	-		7. Name and Add			ee Requ	ired	
MI	DYETT, EDWARD			ame	Trains and Add	ness or New Heg	hzielea Y	gent		
	438 NORTH FLORIDA-AVE	e e e e e e e e e e e e e e e e e e e	-		BO Bou Missala de la					
SU	JITE 102				P.O. Box Number is I	Not Acceptable)		*		
TA	MPA FL 33613				-					-
			Cit	ty				Zip Co		_
8. The abov	re named entity submits this statement i ations of registered agent.	or the purpose of changing it	to registered off				FL	Zip Ci	ode .	
the obliga	ations of registered agent.	are purpose or ununging it	is registered on	ice or registere	ed agent, or both, in	the State of Florid	la. I am fa	miliar with	n, and accep	t
SIGNATURE				•						1
 	Signature, typed or printed name of registered agen	t and title if applicable. (NO	TE: Registered Agent	t signature required v	when reinstating)		DATE			
		FILE N	OW!!! FEE	IS \$50.00						\dashv
		Make Check Payat	ole to Florida	Departmen	t of State					-
9.		Du	ie By May 1,	2003						- [
TITLE	MANAGING MEMBI		10.			ADDITIONS/CH	IANGES			4
NAME	DEBARTOLO, LISA	Delete	TITLE					☐ Change	☐ Addition	,
STREET ADDRESS	6340 MACLAURIN DRIVE		NAME STREET ADDR	2500				•		
CITY-ST-ZIP	TAMPA FL 33647		CITY-ST-ZIP							
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NAME STREET ADDRESS	MIDYETT, EDDY		NAME				L	Change	☐ Addition	
CITY-ST-ZIP	6340 MACLAURIN DRIVE TAMPA FL 33647	,	STREET ADDR	ESS						
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REET ADDRESS			NAME				u	Change	Addition	
TY-ST-ZIP			STREET ADDRES	SS						

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.

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAM

Daytime Phone #