## 2000 IINIEODM RIIGINEGG DEDODT /IIDD\

2000 UNIFORM BUSINESS REPORT (UBR)					APPROVED			
DOCUMENT # M9900000750  1. Entity Name					FILED			
MATHIAS & MATHIAS, L.L.C.					00 SEP 26 PM 12: 04			
Principal Place of Business . Mailing Address					SECRETARY OF S	TATE		
		3251B LAKEVIEW DRIVE TALLAHASSEE FL 32310			SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business     Mailing Addres		3. Mailing Address	S TORKARAN THE LEGICAL DATES BRIND CONTRACTION OF THE CONTRACTION OF THE CONTRACT AND A STATE AND A ST			i Birii Daii 1981		
Suite, Apt. #, etc. 2251 A		Suite, Apt. #, etc.	Suite, Apt. #, etc. 3251 A		DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI !	4. FEI Number Applied For			
TALLAHASSE FL Zip Country			Zip Country			\$5.00 Add	ot Applicable	
Zip 323	10	32310	—————		ficate of Status Desired	Fee Require		
Name					7. Name and Address of New Registered Agent			
MATHIAS, JONATHAN GRANT			Street Ad	MATHIAS, JONATHAN GRANT  Street Address (P.O. Box Number is Not Acceptable)				
3251B LAKEVIEW DRIVE			Olicet Ac	Sireet Address (P.O. Box Number is Not Addeptable)				
TALLAHASSEE FL 32310				3251 A LAKEVIEW DR.				
				City TALLAHASSEE FL Zip Code 32310				
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 Jonatha Mathin Sept/26/00								
Signature, typed or printed name of registeded agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
FILE NOW!!! Make Check Payable			VIII FEE IS \$5					
9. TITLE			10.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/C	CHANGES Change	Addition	
NAME	MATHIAS, G. DOBSON	. Delete	NAME			Onlingo	7,40,110,11	
STREET ADDRESS CITY-ST-ZIP	17937 RIVER FORD DRIVE DAVIDSON NC 28036-8823		STREET ADDRESS CITY-ST-ZIP			,		
title Name	MGRM	Delete	TITLE . NAME			Change	☐ Addition	
STREET ADDRESS	MATHIAS, MARVOURLEEN W 17937 RIVER FORD DRIVE		STREET ADDRESS					
CITY-ST-ZIP	DAVIDSON NC 28036-8823		CITY-ST-ZIP		<del>-200003</del>	<del>405005</del>		
TITLE Name	MGR Mathias, Jonathan Grant	☐ Delete	TITLE NAME		<b>-09/26/</b> -09/26/ ******	/0001094°- 50.00 ****		
STREET ADDRESS	3251B LAKEVIEW DRIVE		STREET ADDRESS		春春春春春。 	յ <b>լլ, լ</b> լլը - কককক	30.00	
CITY-ST-ZIP	TALLAHASSEE FL 32310	Delete	CITY-ST-ZIP TITLE			☐ Change	Addition	
NAME		Ocidio	NAME					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				İ	
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS	•		NAME Street Address				1	
CITY-ST-ZIP	·		CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE	,		(T) Change	Addition	
STREET ADDRESS			NAME STREET ADDRESS			4/71	100	
CITY-ST-ZIP			CITY-ST-ZIP		77/0V() Florida Chan a - 16	UVU	·	

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER