

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2003 8:00 am
Secretary of State

01-29-2003 90056 048 ****50.00

DOCUMENT # L02000015033

1. Entity Name

BARZENICK & CLARK, L.L.C.



Principal Place of Business

Mailing Address

**22 COUNTRY CLUB DRIVE EAST
DESTIN FL 32541**

**22 COUNTRY CLUB DRIVE EAST
DESTIN FL 32541**

2. Principal Place of Business

**126 South Shore Dr
#21**

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Destin FL

Zip

Country

Zip

Country

32550

4. FEI Number

03-0468030

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

CLARK, MICHAEL

**22 COUNTRY CLUB DRIVE EAST
DESTIN FL 32541**

7. Name and Address of New Registered Agent

Name

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

126 South Shore Dr #21

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

SIGNATURE

Signature, type or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)

DATE

1-10-03

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State

Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
CLARK, MICHAEL
22 COUNTRY CLUB DRIVE EAST
DESTIN FL 32541**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**126 South Shore Dr #21
Destin FL 32550**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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.

SIGNATURE:

SIGNATURE REQUIRED

1-10-03

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

Date

Daytime Phone #

CR2E083 (10/02)