

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000950
1. Entity Name
 MANILA BAY TRADERS, L.C.

FILED

01 MAY -7 PM 3:04

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business **Mailing Address**
 1167 COLLEGE BLVD. 1167 COLLEGE BLVD.
 PENSACOLA FL 32504 PENSACOLA FL 32504



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **3. Mailing Address**
 2111 W. Garden ST 2111 W Garden ST
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State Pensacola, FL **City & State** Pensacola, FL

4. FEI Number 59-3557444 **Applied For**
 Not Applicable

Zip 32501 **Country** **Zip** 32501 **Country**

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
 MURRAY, JOHN PHILLIP
 1167 COLLEGE BLVD.
 PENSACOLA FL 32504

7. Name and Address of New Registered Agent
Name John Phillip Murray
Street Address (P.O. Box Number is Not Acceptable)
 2111 W Garden ST
City Pensacola **FL** **Zip Code** 32501

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 John P Murray President Manila Bay Traders 5-3-01
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

500004368389--6
 --06/06/01--01098--010
 *****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MURRAY, JOHN PHILLIP 3409 MARCUS POINTE BLVD. PENSACOLA FL 32505 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MURRAY, ROSA INTAL 3409 MARCUS POINTE BLVD. PENSACOLA FL 32505 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM John Phillip Murray <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> 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: J.P. Murray J.P. MURRAY 5-3-01 850-434-0562
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #