

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY 23 AM 7:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000003625

1. Entity Name
FIREHOUSE SHERIDAN, L.C.

Principal Place of Business
9850-5 SAN JOSE BOULEVARD
JACKSONVILLE FL 32257

Mailing Address
9850-5 SAN JOSE BOULEVARD
JACKSONVILLE FL 32257-5495

2. Principal Place of Business
3410 Kori Rd.
Suite, Apt. #, etc.

3. Mailing Address
3410 Kori Rd.
Suite, Apt. #, etc.

City & State
Jacksonville, FL
Zip Country
32257

City & State
Jacksonville, FL
Zip Country
32257

4. FEI Number
59-3583255
Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

FIREHOUSE OF ARKANSAS, INC.
9850-5 SAN JOSE BOULEVARD
JACKSONVILLE FL 32257

7. Name and Address of New Registered Agent

Name
Firehouse of Arkansas, Inc.
Street Address (P.O. Box Number is Not Acceptable)
3410 Kori Rd.
City Jacksonville, FL Zip Code 32257

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FIREHOUSE OF ARKANSAS, INC. 9850-5 SAN JOSE BOULEVARD JACKSONVILLE FL 32257	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	<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	Firehouse of Ark. Inc. 3410 Kori Rd. Jacksonville, FL 32257	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. Robin Sorensen 3410 Kori Rd Jacksonville, FL 32257	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	000003287680--7 -06/13/00--01090--001 *****50.00 *****50.00	<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: SIGNATURE REQUIRED Robin Sorensen Date: 5/1/00 Daytime Phone #: (904) 886-8300

UNIFORM BUSINESS REPORT (UBR) CR2E083 (9/99)