

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State
 04-16-2002 90087 015 ****50.00

DOCUMENT # L99000005416

1. Entity Name

C & T INVESTMENTS NORTHWEST FLORIDA, L.L.C.

Principal Place of Business

**1610 TENNESSEE AVENUE
 LYNN HAVEN FL 32444**

Mailing Address

**1610 TENNESSEE AVENUE
 LYNN HAVEN FL 32444**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**TILLMAN, FRANK A
 1610 TENNESSEE AVENUE
 LYNN HAVEN FL 32444**

7. Name and Address of New Registered Agent

Name **Jean F. Tillman**

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

1610 Tennessee Avenue

City

Lynn Haven

FL

Zip Code

32444

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

Jean F. Tillman

04/03/02

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
 Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

TITLE **MGR** ☒ Delete
 NAME **TILLMAN, FRANK A**
 STREET ADDRESS **1610 TENNESSEE AVENUE**
 CITY-ST-ZIP **LYNN HAVEN FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE **MGRM** ☒ Change ☐ Addition
 NAME **Jean F. Tillman**
 STREET ADDRESS **1610 Tennessee Avenue**
 CITY-ST-ZIP **Lynn Haven, FL. 32444**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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

Jean F. Tillman **04/03/02**

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

Date

Daytime Phone #

CR2E083 (9/01)