

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000000175

1. Entity Name

MAYPORT PROPERTIES, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 28 AM 10:02

Principal Place of Business

907 NORTH PETERSON AVENUE
DOUGLAS GA 31533

Mailing Address

907 NORTH PETERSON AVENUE
DOUGLAS GA 31533

2. Principal Place of Business

2389 MAYPORT ROAD

3. Mailing Address

14021 Spoonbill St N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ATLANTIC BEACH, FLA

City & State

JACKSONVILLE FLA

Zip

32233

Country

USA

Zip

32224

Country

USA

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DHARMA, SUNIL
3956 WEST COLONIAL DRIVE
ORLANDO FL 32808

7. Name and Address of New Registered Agent

Name

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

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.

SIGNATURE

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME PATIDAR, KIRIT
STREET ADDRESS 907 NORTH PETERSON AVENUE
CITY-ST-ZIP DOUGLAS GA 31533

☐ Delete

TITLE
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10. ADDITIONS/CHANGES

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:

KIRIT PATIDAR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

8/22/00

Date

904-220-9790

Daytime Phone #

CR2E083 (5/00)