

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000001156

1. Entity Name

ABC ENTERPRISES, L.L.C.

FILED

01 OCT 12 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1401 S. RIVERSIDE DRIVE
INDIALANTIC FL 32903

Mailing Address

1401 S. RIVERSIDE DRIVE
INDIALANTIC FL 32903



DO NOT WRITE IN THIS SPACE

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

59-3623456

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILSON, PATRICIA
1401 S. RIVERSIDE DRIVE
INDIALANTIC FL 32903

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
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE REGISTERED AGENT-MANAGING MEMBER
NAME PATRICIA WILSON
STREET ADDRESS 1401 S. RIVERSIDE DR.
CITY-ST-ZIP INDIALANTIC, FL 32903

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP
900004640269--0
-10/17/01--01076--028
*****50.00 *****50.00

TITLE MANAGING MEMBER
NAME LYNN COOPER
STREET ADDRESS 1401 S. RIVERSIDE DR.
CITY-ST-ZIP INDIALANTIC, FL 32903

TITLE NAME
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STREET ADDRESS
CITY-ST-ZIP

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TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

321-722-3340

CR2E083 (5/01)