

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L00000001156**

1. Entity Name

ABC ENTERPRISES, L.L.C.

Principal Place of Business

**1401 S. RIVERSIDE DRIVE
INDIALANTIC FL 32903**

Mailing Address

**1401 S. RIVERSIDE DRIVE
INDIALANTIC FL 32903**

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****WILSON, PATRICIA
1401 S. RIVERSIDE DRIVE
INDIALANTIC FL 32903****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
Due By May 1, 2002****9. MANAGING MEMBERS/MANAGERS**TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete**MGRM
WILSON, PATRICIA
1401 S. RIVERSIDE DRIVE
INDIALANTIC FL 32903**TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete**MGRM
COOPER, LYNN
1401 S. RIVERSIDE DRIVE
INDIALANTIC FL 32903**TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete**10. ADDITIONS/CHANGES**TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ 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:**SIGNATURE REQUIRED****PATRICIA WILSON 01-04-02****FILED
Jan 11, 2002 8:00 am
Secretary of State**

01-11-2002 90002 014 ****50.00



DO NOT WRITE IN THIS SPACE

00000044

CR2E083 (9/01)