

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000001808

1. Entity Name
FUTURE PERFECT LEADERSHIP, LLC

FILED

01 FEB 26 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
2145 DELTA BOULEVARD, SUITE 200
TALLAHASSEE FL 32303

Mailing Address
P.O. DRAWER 1657
TALLAHASSEE FL 32302-1657

2. Principal Place of Business
513 N. Meridian

3. Mailing Address
Suite, Apt. #, etc.

City & State
Tallahassee, FL

City & State

Zip
32301

Country
US

Zip

Country

4. FEI Number ☒ 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
WIGGINS, PATRICK K
2145 DELTA BOULEVARD, SUITE 200
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
513 N. Meridian
City
Tallahassee FL Zip Code
32301

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 LOVE, JOANNA 1302 COVINGTON DRIVE TALLAHASSEE FL 32312 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM GUYER, JAMES T. M. 2913 BAYSHORE COURT TAMPA FL 33611 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM GROSS, LARRY K 4751 LANCAHSHURE LANE TALLAHASSEE FL 32308 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM WIGGINS, PATRICK K 513 NORTH MERIDIAN STREET TALLAHASSEE FL 32301 | <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 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 000003782700-88 -02/27/01--01082--004 *****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 |
| 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: Patrick K. Wiggins Managing Member

2/16/01

850-224-8422

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

Date

Daytime Phone #

0003380 AF

CR2E083 (11/00)