

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000002525

1. Entity Name
IT VENTURES, L.L.C.

Principal Place of Business
3813 MARINER DR., UNIT E
PANAMA CITY BEACH FL 32408

Mailing Address
3813 MARINER DR., UNIT E
PANAMA CITY BEACH FL 32408

2. Principal Place of Business
3813 Mariner Dr. # E
Suite, Apt. #, etc.

3. Mailing Address
3813 Mariner Dr. # E
Suite, Apt. #, etc.

City & State
Panama City Beach, FL
Zip
32408
Country
USA

City & State
Panama City Beach, FL
Zip
32408
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
HORNSBY, AUBREY T
4265 BROOKSIDE DR.
PENSACOLA FL 32503

7. Name and Address of New Registered Agent
Name
Stephen R. Wilson
Street Address (P.O. Box Number is Not Acceptable)
3813 Mariner Dr. # E
City
Panama City Beach
FL Zip Code
32408

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 *Stephen R. Wilson*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE
9/25/01

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001

500004618405--2
-10/01/01--01069--023
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILSON, STEPHEN R 3813 MARINER DR., UNIT E PANAMA CITY BEACH FL 32408	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HORNSBY, INNES B 825 BAYSHORE DR., UNIT 1007 PENSACOLA FL 32507	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRAY, JAMES A 3631 MITCHELL LAKE DR. GAINESVILLE GA 30506	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DOZIER, PHILLIP M 102 BOCAGE DR. DOTHAN AL 36303	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILSON, GEORGE E JR. 206 ASHPODEL DR. DOTHAN AL 36303	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILSON, STEPHANIE M 502 ROSEMONT DR. DOTHAN AL 36303	<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	MGR Innes B. Hornsby Revocable Trust 3956 Dunwoody Dr. Pensacola, FL 32503	<input checked="" 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:

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

DATE
9/25/01 334-794-0993
Daytime Phone #

FILED

01 SEP 28 PM 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

STAPLE CHECK HERE

CR2E083 (5/01)