

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000003098

1. Entity Name

PALM COAST ELECTRONICS, L.C.

FILED

01 JUL -2 AM 8:47

Principal Place of Business

12522 SW 108 CT.
MIAMI FL

Mailing Address

12522 SW 108 CT.
MIAMI FL

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12522 SW 108 CT
Suite, Apt. #, etc.

3. Mailing Address

SAME
Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

4. FEI Number

Applied For

☒ Not Applicable

Zip

33176

Country

DADE

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAKER, RONALD G
2655 LEJEUNE RD, STE 201
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

RANDY L. HATHAWAY

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

12522 SW 108 CT

City

MIAMI

FL

Zip Code

33176

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]

RANDY L. HATHAWAY

6/28/01

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

000004476970--1

-07/16/01--01044--022

*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
RANDY L. HATHAWAY
MANAGER
12522 SW 108 CT
MIAMI FL 33176 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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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

[Signature]

REQUIRED

6/28/01

305-233-8315

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

Date

Daytime Phone #

CR2E083 (5/01)

STAPLE CHECK HERE