

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2002 8:00 am
Secretary of State

04-25-2002 90004 004 ****50.00

DOCUMENT # L00000003144

1. Entity Name

STATION NO. 5, L.L.C.

Principal Place of Business

**1101 N. 9TH AVENUE
 PENSACOLA FL 32501**

Mailing Address

**1101 N. 9TH AVENUE
 PENSACOLA FL 32501**

2. Principal Place of Business

214 S. CEVALLOS ST.

Suite, Apt. #, etc.

3. Mailing Address

4984 LaVentana Ct.

Suite, Apt. #, etc.

City & State

PENSACOLA, FLORIDA

City & State

PENSACOLA, FLORIDA

Zip

32501

Country

U.S.A.

Zip

32526

Country

U.S.A.

4. FEI Number

59-3633405

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**HELMIG, WILLIAM R
 1101 N. 9TH AVENUE
 PENSACOLA FL 32501**

7. Name and Address of New Registered Agent

Name

HELMIG, WILLIAM R.

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

4984 LaVentana Court

City

PENSACOLA

FL

Zip Code

32526

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 **William R. Helmig**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-9-02

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HELMIG, WILLIAM R 1101 N. 9TH AVENUE PENSACOLA FL 32501	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4984 LaVentana Court PENSACOLA, FLORIDA 32526	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HELMIG, DENISE G 1101 N. 9TH AVENUE PENSACOLA FL 32501	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4984 LaVentana Court PENSACOLA, FLORIDA 32526	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIMS, JOHN A JR. 1101 N. 9TH AVENUE PENSACOLA FL 32501	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	214 S. CEVALLOS Street PENSACOLA, FLORIDA 32501	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIMS, DOROTHY G 1101 N. 9TH AVENUE PENSACOLA FL 32501	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	214 S. CEVALLOS Street PENSACOLA, FLORIDA 32501	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	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: William R. Helmig

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

4-9-02 (850) 457-1094

Date

Daytime Phone #

CR2E083 (9/01)