

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000003306

1. Entity Name  
FLORIDA CONFETTI, LLC

FILED

01 JAN 11 AM 9:30

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



Principal Place of Business  
630 TORTOISE WAY  
SATELLITE BEACH FL 32937

Mailing Address  
630 TORTOISE WAY  
SATELLITE BEACH FL 32937

2. Principal Place of Business  
355 B Tortoise View Drive

Suite, Apt. #, etc.  
Satellite Beach, FL

City & State

Zip  
32937

Country  
usa

3. Mailing Address  
355 B Tortoise View Drive

Suite, Apt. #, etc.  
Satellite Beach, FL

City & State

Zip  
32937

Country  
usa

4. FEI Number  
59-3639475

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

MOMMERS, PIERRE A  
2351 W. EAU GALLIE BLVD., SUITE 1  
MELBOURNE FL 32935

## 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 \_\_\_\_\_ (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 PENNINGTON, PAULA 630 TORTOISE WAY SATELLITE BEACH FL 32927	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PENNINGTON, JOHN 630 TORTOISE WAY SATELLITE BEACH FL 32927	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BENNETT, WILLIAM M 630 TORTOISE WAY SATELLITE BEACH FL 32927	<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
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	<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: Paula E. Pennington  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1.9.2001 321.777.7105  
Date Daytime Phone #

CR2E083 (11/00)