

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90290 001 ***100.00

DOCUMENT # L00000003634

1. Entity Name

PSDC PROPERTIES AT SABAL TRACE, LLC

Principal Place of Business

**1831 S. TAMiami TRAIL
 VENICE FL 34293**

Mailing Address

**1831 S. TAMiami TRAIL
 VENICE FL 34293**

2. Principal Place of Business

13035 TAMiami TRAIL

3. Mailing Address

13035 TAMiami TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NORTH PORT, FL

City & State

NORTH PORT, FL

Zip

34287

Country

USA

Zip

34287

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0994671

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHIPPS, PETER E
 13035 TAMiami TRAIL
 VENICE FL 34293 34287
 NORTH PORT**

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

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 May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
 NAME **SHIPPS, PETER E**
 STREET ADDRESS **1831 S TAMiami TR**
 CITY-ST-ZIP **VENICE FL 34293**

TITLE **VP** ☐ Delete
 NAME **SHIPPS, KAREN**
 STREET ADDRESS **327 WOODINGHAM LANE**
 CITY-ST-ZIP **VENICE, FL 34292**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** ☐ Change ☒ Addition
 NAME **SHIPPS, KAREN**
 STREET ADDRESS **327 WOODINGHAM LANE**
 CITY-ST-ZIP **VENICE, FL 34292**

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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

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

4/29/02

941-423-5311

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

Date

Daytime Phone #

CR2E083 (9/01)