

2001 UNIFORM BUSINESS REPORT (UBR)

0004390 AF

DOCUMENT # L00000004311

1. Entity Name
PAT TRANSPORT TRAINING, L.L.C.

FILED

01 FEB -5 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
2685 WEST NINE MILE ROAD
PENSACOLA FL 32534

Mailing Address
2685 WEST NINE MILE ROAD
PENSACOLA FL 32534

2. Principal Place of Business
3191 W. 9 MILE RD

3. Mailing Address
3191 W. 9 MILE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
PENSACOLA FL

City & State
PENSACOLA FL

4. FEI Number

Applied For
Not Applicable

Zip
32534

Country
FLORIDA

Zip
32534

Country
FLORIDA

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

HEDGES, TRACIE
2685 WEST NINE MILE ROAD
PENSACOLA FL 32534

Name
SANTA
Street Address (P.O. Box Number is Not Acceptable)
3191 W. 9 MILE RD.
City
PENSACOLA FL Zip Code
32534

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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
George A. Hedges
3191 W. 9 mile Rd
Pensacola FL 32534 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400003677944-1
-02/14/01--01001--013
*****50.00 *****50.00 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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] SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)