

2001 UNIFORM BUSINESS REPORT (UBR)

0030646 AB

DOCUMENT # L00000004580

1. Entity Name
STONEBRAKER GROUP, LLC

FILED

01 MAY 29 PM 3: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
502 E ADAMS ST
MUNCIE IN 47305

Mailing Address
502 E ADAMS ST
MUNCIE IN 47305

2. Principal Place of Business

3. Mailing Address

2450 E. OLIVE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
PENSACOLA FL

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip Country
32514 ESCAMBIA

Zip Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILSON, PAUL A
4300 BAYOU BLVD
SUITE 13
PENSACOLA FL 32503

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STONEBRAKER, SCOTT J 502 E ADAMS ST MUNCIE IN 47305	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TIBBITS, CHARLES B 751 PENSACOLA BEACH BLVD T-5 PENSACOLA BEACH FL 32561	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TIBBITS, MARY J 751 PENSACOLA BEACH BLVD T-5 PENSACOLA BEACH FL 32561	<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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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*****50.00 *****50.00

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

4/30/01 1-877-741-8783

CR2E083 (11/00)