QS1-772-6930 Daytime Phone #

19 Jan 01

2001	UNIFORM	BUSINESS	REPORT	(UBR)

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

DOCU 1. Entity Nar	MENT	#	L00	0000	04803											2000
EDM, LL	·							-		FIL						\$
Principal Place of Business , Mailing Address							00 FEB - 1 PM 8: 09									
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2. Principal Place of Business			3. 1	3. Mailing Address												
Suite, Apt. #, etc.			5	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE									
City & State			7	City & State	<u> </u>					pplied For ot Applicabl	a					
Zip	- · ·	Coun	ry	Z	Zip	Coun	try	· ==		ficate of S				\$5.00 Ad	ditional	
	6. Name	and Ad	dress of Cui	rent Regist	tered Agent		Name		7. Name	e and Ad	dress of	New Re	gistered			
LEUCHTMAN, GARY B								ddress (F	P.O. Box N	lumber is	Not Acc	eptable)				-
3 WEST GARDEN STREET, SUITE 700 BLOUNT BLDG.							<u></u>	<u> </u>								-
PENSACOLA FL 32501							City						F	Zip Coo	le	
8. The above	named entity	submits	this stateme	ent for the p	urpose of changing its	registere	d office or	registere	ed agent, o	or both, in	the Stat	e of Flor	ida.			
SIGNATURE	Signature, typed o	r printed n	ame of registered	agent and title if	applicable. (NOT	E: Registere	1 Agent signatu	required	when reinstati	ng)			DATE			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State																
9		M	ANAGING M		IEMBERS	10.					ADDI	TIONS/0	CHANGE			7
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indicated	on this report	is true a	and accurate	and that my	ing does not qualify for y signature shall have wered to execute this	the same	legal effec	as if ma	ade under	oath; tha	tlama	itutes. I i managii	further ce	ertify that the i	nformation or of the	