

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90735 035 ****50.00

DOCUMENT # L00000004975

1. Entity Name

BROCKSMITH PROPERTIES, LLC

Principal Place of Business

**603 N. INDIAN RIVER DRIVE
 STE 300
 FT. PIERCE FL 34986**

Mailing Address

**603 N. INDIAN RIVER DRIVE
 STE 300
 FT. PIERCE FL 34986**

2. Principal Place of Business

3724 SOUTH BROCKSMITH RD.

Suite, Apt. #, etc.

FT. PIERCE FLORIDA

City & State

FT. PIERCE FLORIDA

Zip

34945

Country

ST. LUCIE

3. Mailing Address

3724 S. BROCKSMITH RD.

Suite, Apt. #, etc.

FT. PIERCE FLORIDA

City & State

FT. PIERCE FLORIDA

Zip

34945

Country

ST. LUCIE



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1003684

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**LONG, JR, WALLACE T
 603 N INDIAN RIVER DR., STE 300
 FT. PIERCE FL 34950**

7. Name and Address of New Registered Agent

GERALD S. JAMES

Street Address (P.O. Box Number is Not Acceptable)

3724 S. BROCKSMITH RD.

City

FT. PIERCE, FLORIDA

FL

Zip Code

34945

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

Gerald S. James
 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

TITLE **MGRM** ☐ Delete
 NAME **JAMES, GERALD S**
 STREET ADDRESS **3724 S. BROCKSMITH RD.**
 CITY-ST-ZIP **FT. PIERCE FL 34945**

TITLE **MGRM** ☒ Delete
 NAME **LONG, WALLACE T**
 STREET ADDRESS **603 N INDIAN RIVER DR. SUITE 300**
 CITY-ST-ZIP **FT. PIERCE FL 34950**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS / CHANGES

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

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

TITLE ☐ Change ☐ Addition
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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

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

Date

Daytime Phone #

CR2E083 (9/01)