2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000005090 1. Entity Name										į
HADLIN ENTERPRISES, L.L.C.					FILED					
					01 FEB -1 PM 2: 24					
Principal Place of Business Mailing Address										
8220 YARDLEY AVE NORTH (ST PETERSBURG FL 33713 ST PETERSBURG FL 33713					SECRETARY OF STATE TALLAHASSEE, FLORIDA					
(01 121211001	5110 1 L 50770	• • • • • • • • • • • • • • • • • • • •	_						1802 18 11 1 80 2	
2 Principal P										
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State		City & State			4. FEL	lumber 1-3631567	<i>-</i>	<u> </u>	plied For t Applicable]
Zip Country		Zip Count		try			┌	5.00 Add	litional	-
	6Name and Address of Current F	Registered Agent	-		7. Name	and Address of New Regis		ee Require jent		}
	Name									
FRANKLIN, RICHARD 8220 YARDLEY AVENUE NORTH ST PETERSBURG FL 33713				Street Address (P.O. Box Number is Not Acceptable)						
				City			FL	Zip Code		1
8. The above	named entity submits this statement for	the purpose of changing its r	egistere	d office or register	ed agent,	or both, in the State of Florida				1
OLONATURE	•									
SIGNATURE .	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE:	Registered	l Agent signature required	when reinstati	ng)	DATE			1
				EE IS \$50.00	!					
		Make Check Pay	able to	Department o	f State					
9.	MANAGING MEMBE		10.			ADDITIONS/CH		□ 0b	. Addition] [
TITLE NAME	MGRM FRANKLIN, RICHARD	☐ Delete	TITLE					Change	☐ Addition	11/00
STREET ADDRESS	8220 YARDLEY AVENUE NORTH			ET ADDRESS ·ST-ZIP						200
CITY-ST-ZIP TITLE	ST PETERSBURG FL MGRM	☐ Delete	TITLE	·				☐ Change	☐ Addition	ļ
NAME	HADDAD, PHILLIP	belete	NAME	:					_	
STREET ADDRESS CITY-ST-ZIP	8220 YARDLEY AVENUE NORTH ST PETERSBURG FL			et address •ST-ZIP					-	
TITLE	TARE TO THE TAREST TO THE TARE	☐ Delete	TITLE	Trr •		· · · · · · · · · · · · · · · · · · ·		Change	Addition] -
NAME STREET ADDRESS			NAME	ET ADDRESS		00000035	162 11-4	71 <u>1</u> 5	1——3 -010	
CITY-ST-ZIP			CITY-	-ST-ZIP		*****5	<u>0.00</u>	米米米米	<u> </u>	-
TITLE NAME		☐ Delete	TITLE					☐ Change	Addition	
STREET ADDRESS			STREE	ET ADDRESS		ኒ ₁	1,			1
CITY-ST-ZIP		. □ Datata	CITY- TITLE	ST-ZIP	·	<u></u>		Change	Addition	1
TITLE NAME		☐ Detete 3	NAME	1			,	Change		
STREET ADDRESS				ET ADDRESS ST-ZIP		•				
CITY-ST-ZIP		Delete	TITLE	<u> </u>				☐ Change	Addition	1
NAME	T.	La Delete	NAME				·			
STREET ANDRESS				ET ADDRESS -ST-ZIP						
CiTY-ST-ZIP	certify that the information supplied with	this filing does not qualify for	the exer	notion stated in Se	ction 119 (07(3)(i), Florida Statutes. I fur	ther certif	fy that the in	nformation	1
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.										
	CONC. NIMET	THE PROPERTY	 QFH			(-79 M				
SIGNAT	URE: / JUNE OF BRINGER WAVE OF	NOTE AND ANALONE MEMBER MANA	GER OF	-ク	MTATIVE	1-01701	Davi	time Phone #		