

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000005240

1. Entity Name

MARKANT ENTERPRISES, LLC

FILED

01 MAY -7 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

482 Kenneth GAY DR.
Kingsland GA. 31548

2. Principal Place of Business

Kingsland GA.

3. Mailing Address

482 Kenneth GAY DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Kingsland GA.

City & State

Kingsland GA.

4. FEI Number

59-3649875

Applied For

Not Applicable

Zip

31548

Country

U.S.A.

Zip

31548

Country

U.S.A.

5. Certificate of Status Desired

☒

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JEFFREY D. MARKANT
5601 N.W. 22ND PLACE
GAINESVILLE FL, 32605

7. Name and Address of New Registered Agent

Name

JEFFREY D. MARKANT

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

5601 N.W. 22ND PLACE.

City

GAINESVILLE FL

FL

Zip Code

32605

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)

5/2/01

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE President
NAME JEFFREY D. MARKANT
STREET ADDRESS 605 Goldenrod way
CITY-ST-ZIP ST MARYS GA 31558

☐ Delete

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10. ADDITIONS/CHANGES

TITLE President
NAME JEFFREY D. MARKANT
STREET ADDRESS 605 Goldenrod way
CITY-ST-ZIP ST MARYS GA 31558

☒ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP

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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

5/2/01

Date

912 510-8933

Daytime Phone #