

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000006788

1. Entity Name

SWITZER VENTURES, LLC

FILED

01 OCT -8 PM 12: 17

Principal Place of Business

% JAMES S. CAMPBELL
3 WEST GARDEN STREET, SUITE 700
PENSACOLA FL 32501

Mailing Address

% JAMES S. CAMPBELL
3 WEST GARDEN STREET, SUITE 700
PENSACOLA FL 32501

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

92 Highpoint Drive

3. Mailing Address

92 Highpoint Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gulf Breeze, FL

City & State

Gulf Breeze, FL

4. FEI Number

Applied For

☒ Applied For

☐ Not Applicable

Zip

Country

32561

USA

Zip

Country

32561

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAMPBELL, JAMES S
3 WEST GARDEN STREET, SUITE 700
BLOUNT BUILDING
PENSACOLA FL 32501

Name

Robert B. Switzer

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

92 Highpoint Drive

City

Gulf Breeze

FL

Zip Code
32561

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
Due By September 26, 2001

100004629511--8

10/10/01--01035--013

*****50.00 *****50.00

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME Robert B. Switzer, MGRM
STREET ADDRESS 92 Highpoint Drive
CITY-ST-ZIP Gulf Breeze, FL 32561

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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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 #

9/10/01 850 433 0024

CR2E083 (5/01)