

2001 UNIFORM BUSINESS REPORT (UBR)

0030479 AB

DOCUMENT # L00000007349

1. Entity Name
ECT OF PERDIDO KEY, L.L.C.

FILED

01 JAN 31 AM 10:08

Principal Place of Business
% RICKY L. PEEK
3003 WHEATSWORTH CIR.
HAMPTON COVE AL 35763

Mailing Address
% RICKY L. PEEK
3003 WHEATSWORTH CIR.
HAMPTON COVE AL 35763

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional
Fees Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHELL, STEPHEN B
SHELL, FLEMING, DAVIS & MENGE
226 S. PALAFOX ST., SEVILLE TOWER, 9TH FL
PENSACOLA FL 32501

Name

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

City

FL

Zip Code

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

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
PEEK, RICKY L
3003 WHEATSWORTH CIR
HAMPTON COVE AL 35763 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
PEEK, BARBARA P
3003 WHEATSWORTH CIR.
HAMPTON COVE AL 35763 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
000003657000--0
-02/08/01--01012--016
*****55.00 *****55.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

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

Ricky L. PEEK
RICKY L. PEEK

1/22/01

Date

256-534-4020

Daytime Phone #

CR2E083 (11/00)