

2001 UNIFORM BUSINESS REPORT (UBR)

11 0001695 AF

DOCUMENT # L00000009470
 1. Entity Name
SWEATT & COMPANY, L.L.C.

FILED

01 MAY -2 PM 1:39

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business
 826 N. 15TH STREET
 FERNANDINA BEACH FL 32034

Mailing Address
 826 N. 15TH STREET
 FERNANDINA BEACH FL 32034



2. Principal Place of Business
 2835 OCEAN DRIVE

3. Mailing Address
 2835 OCEAN DRIVE

Suite, Apt. #, etc.
 # B

DO NOT WRITE IN THIS SPACE

City & State
 FERNANDINA BEACH, FL

City & State
 FERNANDINA BEACH, FL

Zip
 32034

Country
 USA

4. FEI Number *Applied for* Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MCQUAIG, DAVID H
5515-3 PHILIPS HIGHWAY
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SWEATT, AARON A. 2835 B OCEAN DRIVE FERNANDINA BEACH, FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SWEATT, AMY A. 2835 B OCEAN DRIVE FERNANDINA BEACH, FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700004316147-3 -05/24/01--01105--014 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Aaron A. Sweatt* **AARON A. SWEATT** 4.14.01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)