

# 2001 UNIFORM BUSINESS REPORT (UBR)

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

Suite, Apt. #, etc.  
# B

City & State  
FERNANDINA BEACH, FL

City & State  
FERNANDINA BEACH, FL

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

Zip  
32034

Country  
USA

Zip  
32034

Country  
USA

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 \_\_\_\_\_ (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

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

## 10. ADDITIONS/CHANGES

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

Date 4.14.01 Daytime Phone #

11 0001685 AF

CR2E083 (11/00)