

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90086 046 \*\*\*\*50.00

**DOCUMENT # L00000009630**

1. Entity Name  
**FAITH, LLC**

Principal Place of Business

2158 WESLEY ROAD  
 YULEE FL 32097

Mailing Address

2158 WESLEY ROAD  
 YULEE FL 32097

**957005**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3668949**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**HOWARD A. CAPLAN, ATTORNEY, P.A.**  
**3900 ATLANTIC BLVD.**  
**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**  
**Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

TITLE  Delete  
 NAME **MGRM BURKETT, J. GARY**  
 STREET ADDRESS **2158 WESLEY ROAD**  
 CITY-ST-ZIP **YULEE FL 32097**

TITLE  Delete  
 NAME **MGRM MARTINEZ, LUIS**  
 STREET ADDRESS **2158 WESLEY ROAD**  
 CITY-ST-ZIP **YULEE FL 32097**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
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10. ADDITIONS / CHANGES

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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TITLE  Change  Addition  
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 STREET ADDRESS  
 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:

*J. Gary Burkett* **J. Gary Burkett** 4/24/2002 904-225-8914

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)