

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90115 037 ****50.00

DOCUMENT # L00000009633

1. Entity Name

PARASAILPEOPLE.COM, L.L.C.

Principal Place of Business

**228 AMBERJACK DRIVE, #10
 FORT WALTON BEACH FL 32548**

Mailing Address

**806 PINE STREET
 DESTIN FL 32541**

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

59-3700616

Applied For

Not Applicable

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

**BERRY, JONATHAN
 228 AMBERJACK DRIVE, #10
 FORT WALTON BEACH FL 32548**

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

10. ADDITIONS/CHANGES

TITLE **M** ☐ Delete
 NAME **BERRY, JONATHAN**
 STREET ADDRESS **228 AMBERJACK DRIVE, #10**
 CITY-ST-ZIP **FORT WALTON BEACH FL 32548**

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

TITLE **M** ☐ Delete
 NAME **LACAYO, DARLEEN**
 STREET ADDRESS **228 AMBERJACK DRIVE, #10**
 CITY-ST-ZIP **FORT WALTON BEACH FL 32548**

TITLE **S** ☒ Change ☐ Addition
 NAME **LACAYO, DARLEEN**
 STREET ADDRESS **228 AMBERJACK DRIVE #10**
 CITY-ST-ZIP **FORT WALTON BEACH, FL 32548**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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TITLE ☐ Change ☐ Addition
 NAME
 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: *DARLEEN LACAYO* *JONATHAN BERRY*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/30/02

850-269-0499

Date

Daytime Phone #

CR2E083 (9/01)