

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000009658

1. Entity Name  
SAN PABLO, LLC

FILED

01 APR 30 PM 6:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
9551 BAYMEADOWS ROAD #4  
C/O STOKES AND COMPANY  
JACKSONVILLE FL 32256-4938

Mailing Address  
9551 BAYMEADOWS ROAD #4  
C/O STOKES AND COMPANY  
JACKSONVILLE FL 32256-4938



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
9551 BAYMEADOWS ROAD

3. Mailing Address  
9551 BAYMEADOWS ROAD

Suite, Apt. #, etc.  
SUITE 4

Suite, Apt. #, etc.  
SUITE 4

City & State  
JACKSONVILLE, FL

City & State  
JACKSONVILLE, FL

4. FEI Number  
59-3672514

Applied For  
Not Applicable

Zip  
32256

Country  
USA

Zip  
32256

Country  
USA

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

MABM CORPORATE SERVICES, INC.  
ONE INDEPENDENT DRIVE, SUITE 3000  
C/O JOHN MILTON, JR.  
JACKSONVILLE FL 32202

Name  
STOKES, E. CHESTER, JR.

Street Address (P.O. Box Number is Not Acceptable)  
9551 BAYMEADOWS ROAD, SUITE 4

City  
JACKSONVILLE

FL

Zip Code  
32256

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 *E. Chester Stokes, Jr.*  
Signature, typed or printed name of registered agent and title if applicable.

E. Chester Stokes, Jr.

4/16/01

(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 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
MGRM  
STOKES AND COMPANY  
9551 BAYMEADOWS ROAD, SUITE 4  
JACKSONVILLE, FL 32256

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
700004219497--0  
-05/16/01--01038--007  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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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: *Sharon W. Fredenhagen* Sharon W. Fredenhagen  
Vice President

4/16/01 904/739-2249

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

Date

Daytime Phone #

0003156

AF

CR2E083 (11/00)