

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90128 001 \*\*\*\*50.00

**DOCUMENT # L00000009658**

1. Entity Name

**SAN PABLO, LLC**

Principal Place of Business

**4315 PABLO OAKS CT.  
 SUITE 1  
 JACKSONVILLE FL 32224-9667**

Mailing Address

**4315 PABLO OAKS CT.  
 SUITE 1  
 JACKSONVILLE FL 32224-9667**

**934293**



DO NOT WRITE IN THIS SPACE

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

**59-3672514**

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

**STOKES, E. CHESTER JR  
 9551 BAYMEADOWS ROAD, SUITE 4  
 JACKSONVILLE FL 32256**

Name

**STOKES, E. CHESTER, JR.**

Street Address (P.O. Box Number is Not Acceptable)

**4315 PABLO OAKS COURT, SUITE 1**

City

**JACKSONVILLE**

**FL**

Zip Code  
**32224**

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.*

**E. Chester Stokes, Jr.**

**4/17/02**

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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MGRM  
 STOKES AND COMPANY  
 4315 PABLO OAKS COURT, SUITE 1  
 JACKSONVILLE FL 32224-9667** ☐ Delete

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

TITLE  
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 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.

**Sharon W. Fredenhagen, V.P.**

**SIGNATURE:**

*Sharon W. Fredenhagen*  
**Sharon W. Fredenhagen and Company,**

**4/17/02**

**904/482-1100**

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

Date

Daytime Phone #

CR2E083 (9/01)