2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000009776 1. Entity Name PUBLIXDIRECT, LLC					FILED OI MAR 12 AM 9: 29 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Plac	e of Business	Mailing Address	· · · · ·	·	INLLAMA	SSEE. FLORID,	Α ¨	
	ntrust plaza Florida avenue L 33801		STE 312. SUNTRUST PLAZA 210 SOUTH FLORIDA AVENUE LAKELAND FL 33801			88::: 1 81:: 88:: 8 : 88:: 88::		
2. Principal P	lace of Business	3. Mailing Address	hicenses					
Suite, Apt.		Suite, Apt. #, etc.	107		DO NOT WRITE	IN THIS SPACE		
City & State	······································	City & State	FL T	4. FEI N	umber 59-3676	928 No	plied For t Applicable	
Zip	Country	Zip	Country	5. Certif	cate of Status Desired	\$5.00 Add		
	6. Name and Address of Current	Registered Agent		7. Name	and Address of New Reg			
		Name	Name					
ATTAWAY JR, JOHN A 321 SOUTH KENTUCKY AVE			Street Address (P.O. Box Number is Not Acceptable)					
LAKELAND FL 33801			City			FL Zip Code	3	
SIGNATURE .	named entity submits this statement for signature, typed or printed name of registered agent a		gistered office of re			DATE.		
		FILE NOV Make Check Paya	V!!! FEE IS \$50 able to Departm	1	V .			
9.	MANAGING MEMBE	ERS/MEMBERS	10.		ADDITIONS/CI			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lakeland, FL	nkins Blud	NAME STREET ADDRESS CITY-ST-ZIP		·	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO - Member Chaples H. Jenki 1936 Beorge Je Kakeland Fr	Delete 20%:06 524.	TITLE NAME STREET ADDRESS CITY-ST-ZIP	guya si a conserva	8000038 -03/15/ ******	'0101061 <u>-</u>	ון עבע	
TITLE NAME STBEET ADDRESS CITY-ST-ZIP	President - Mem Thomas occon 1936 George	ner Senleins Blud.	TITLE NAME STREET ADDRESS CITY-ST-ZIP		i	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary - Me John A. Atta	~ □ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer - my Qavid P. Philli 1936 George Je	mban 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	
	certify that the information supplied with on this report is true and accurate and							

SIGNATURE:

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

863.616.5701