

# 2001 UNIFORM BUSINESS REPORT (UBR)

002477 AF

DOCUMENT # L00000010284

1. Entity Name  
DOMINION SURF L.L.C.

FILED

01 JAN 31 PM 12:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

34 CAPISTRANO DR.  
ORMOND FL 32176

Mailing Address

34 CAPISTRANO DR.  
ORMOND FL 32176

2. Principal Place of Business

P.O. Box 730775  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 730775  
Suite, Apt. #, etc.

City & State

ORMOND, FL 32176

City & State

ORMOND, FL

4. FEI Number

59-3668239

Applied For

Not Applicable

Zip

32173

Country

U.S.A.

Zip

32173

Country

U.S.A.

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LANTIER, KYLE

34 CAPISTRANO DR.  
ORMOND BEACH FL 32176

7. Name and Address of New Registered Agent

Name

KYLE LANTIER

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

6670 Madison St.

City

CRESCENT BEACH

FL

Zip Code

32080

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 KYLE LANTIER

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

01/25/2001  
DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
CO-OWNER  
STEPHEN SCRUGGS  
34 CAPISTRANO DR  
ORMOND FL 32176 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
STEPHEN SCRUGGS - Co-owner ☐ Delete  
34 CAPISTRANO DR  
ORMOND FL 32176

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
OWNER  
KYLE LANTIER ☐ Delete  
6670 MADISON ST.  
CRESCENT BEACH, FL 32080

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
900003662029-3 ☐ Change ☐ Addition  
-02/08/01--01091--017  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

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

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:

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

KYLE LANTIER 01/25/01 460-1199

Date

Daytime Phone #

CR2E083 (11/00)