

2001 UNIFORM BUSINESS REPORT (UBR)

0023894 AF

DOCUMENT # L00000010288

1. Entity Name
TWO TIDES CUSTOM BUILDERS, L.L.C.

FILED

01 FEB 21 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
3060 PEACHTREE RD. STE 1725
ATLANTA GA 30305

Mailing Address
3060 PEACHTREE RD. STE 1725
ATLANTA GA 30305

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

LONG III, A. KEL
836 INDIAN PASS ROAD
PORT ST LUCIE FL 32456

Name

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

City

PORT ST. JOE

FL

Zip Code
32456

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

~~A. KEL LONG, III, Member 01/10/2001~~

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
Managing Member
A. KEL LONG, III
3060 Peachtree Rd, Suite 1725
Atlanta, Georgia 30305

☐ 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

1000003768961-8
-02/26/01-0101-012
*****50.00 *****50.00

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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: *ASKING FOR SIGNATURE REQUIRED* A. KEL LONG, III

01/10/2001 404-238-0174

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

Date

Daytime Phone #

CR2E083 (11/00)