

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000010488

1. Entity Name
BAYSHORE BOYZZ, LLC

FILED

01 JUL 12 AM 8:47

Principal Place of Business
916 SOUTH 1ST STREET
PENSACOLA FL 32501

Mailing Address
916 SOUTH 1ST STREET
PENSACOLA FL 32501

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

627 BAYSHORE DR

Suite, Apt. #, etc.

627 BAYSHORE DR

City & State

PENSACOLA FL

City & State

PENSACOLA FL

4. FEI Number

59-74-2971468

Applied For

Not Applicable

Zip
32507

Country

FLORIDA

Zip
32507

Country

FLORIDA

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HIGHTOWER, DAVID E

3 WEST GARDEN STREET, SUITE 700

BLOUNT BUILDING

PENSACOLA FL 32501

7. Name and Address of New Registered Agent

Name

JAMES VEAL

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

627 BAYSHORE DR

City

PENSACOLA

FL

Zip Code

32507

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

5/16/01

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE MANAGER ☐ Delete
NAME JAMES W. VEAL
STREET ADDRESS 627 BAYSHORE DR
CITY-ST-ZIP PENS. FL. 32507

TITLE ~~MANAGER~~ Member ☐ Delete
NAME ROBERT SWITZER
STREET ADDRESS 92 HIGHPOINT DR
CITY-ST-ZIP GULF BREEZE FL 32561

TITLE ~~MANAGER~~ Member ☐ Delete
NAME CHARLES SWITZER
STREET ADDRESS 92 HIGHPOINT DR
CITY-ST-ZIP GULF BREEZE FL 32561

TITLE ~~MANAGER~~ ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition
NAME 100004483951--1
STREET ADDRESS -07/18/01--01023--006
CITY-ST-ZIP *****50.00 *****50.00

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

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

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

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

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

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

Date

Daytime Phone #

5/16/01 850 456 8400