

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000010630

1. Entity Name

BONIFAY-STALNAKER, L.L.C.

STALNAKER FAMILY, L.L.C.

Principal Place of Business

1701 W 9 1/2 MILE RD
CANTONMENT FL 32533

Mailing Address

1701 W 9 1/2 MILE RD
CANTONMENT FL 32533

2. Principal Place of Business

6385 N. PENSACOLA BLVD.

Suite, Apt. #, etc.

3. Mailing Address

6385 N. PENSACOLA BLVD.

Suite, Apt. #, etc.

City & State

PENSACOLA, FL

City & State

PENSACOLA, FL

Zip

32505

Country

USA

Zip

32505

Country

USA

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHASE, JAMES L
101 E GOVERNMENT ST
PENSACOLA FL 32501

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

9. MANAGING MEMBERS / MEMBERS

TITLE MGRM
NAME BONIFAY, MARK S ☒ Delete
STREET ADDRESS 4755 SLABACK ST
CITY-ST-ZIP PENSACOLA FL 32504

TITLE MGRM
NAME STALNAKER, B.L. ☐ Delete
STREET ADDRESS 1701 W 9 1/2 MILE RD
CITY-ST-ZIP CANTONMENT FL 32533

TITLE MGRM
NAME STALNAKER TODD D ☐ Delete
STREET ADDRESS 1701 W 9 1/2 MILE RD
CITY-ST-ZIP CANTONMENT, FL 32533

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 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
500002911385--2
-03/27/01--01024--009
*****50.00 *****50.00

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

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

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: *Bonifay Stalnak*

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

Date

3-15-01

Daytime Phone #

(850) 476-2280

CR2E083 (11/00)

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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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