

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000010694

1. Entity Name

CHESTNEY ENTERPRISES, L.L.C.

FILED

01 OCT 22 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

6320 VORTH NINTH AVENUE  
PENSACOLA FL 32504

Mailing Address

6320 VORTH NINTH AVENUE  
PENSACOLA FL 32504

2. Principal Place of Business

6320 NORTH NINTH AVE.  
Suite, Apt. #, etc.

3. Mailing Address

6320 NORTH NINTH AVE.  
Suite, Apt. #, etc.

City & State

Pensacola, FL

City & State

Pensacola, FL

Zip

32504

Country

Zip

32504

Country

4. FEI Number

59-3670957

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MARYELLEN CHESTNEY, MYRTLE  
6320 VORTH NINTH AVENUE  
PENSACOLA FL 32504

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

9/24/01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State  
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

TITLE NAME ☐ Delete

President  
Myrtle H. Chestney  
6320 N. NINTH AVE.  
PENSACOLA, FL 32504

TITLE NAME ☐ Delete

Vice President  
Jeffrey S. Chestney  
6320 N. NINTH AVE.  
PENSACOLA, FL 32504

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10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition

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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.

REQUIRED

9/24/01 850-932-0723

Date

Daytime Phone #

CR2E083 (5/01)