

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90118 042 *****50.00

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DOCUMENT # L00000010910

1. Entity Name

DESCORP, L.C.



Principal Place of Business

**125 MAIN ST.
DESTIN FL 32541**

Mailing Address

**125 MAIN ST.
DESTIN FL 32541**

2. Principal Place of Business

2000 NINETY-EIGHT PALMS BLVD

Suite, Apt. #, etc.

3. Mailing Address

PO BOX 248

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

DESTIN, FL

City & State

DESTIN, FL

4. FEI Number

59-3679496

Applied For

☐ Not Applicable

Zip

32541

Country

OKALOOSA

Zip

32540

Country

OKALOOSA

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SCOTT, D. ROSS
125 MAIN ST.
DESTIN FL 32541**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **M** ☐ Delete
NAME **BURGE, FRANK**
STREET ADDRESS **522 WALTON WAY**
CITY-ST-ZIP **DESTIN FL 32541**

TITLE **M** ☐ Delete
NAME **SCOTT, D. ROSS**
STREET ADDRESS **430 FOREST GLEN PLACE**
CITY-ST-ZIP **MARY ESTHER FL 32569**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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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 #

CR2E083 (10/02)