

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000011194

1. Entity Name
P & F, LLC

FILED

01 MAY 23 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1921 TAMPA EAST BLVD.
TAMPA FL 33619

Mailing Address
1921 TAMPA EAST BLVD.
TAMPA FL 33619



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3685857

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

SENORY, PAUL W
1921 TAMPA EAST BLVD.
TAMPA FL 33619

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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGING MEMBER
PAUL W. SENORY
1921 TAMPA EAST BLVD
TAMPA, FL 33619 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
~~SEE BACK 6~~ ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGING MEMBER
FRANCES P. SENORY
202 WILD OAK DR
BRANDON, FL 33619 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400004420424--2
-06/14/01--01095--007
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE
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☐ 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: PAUL W. SENORY 4-27-01 813-626-4404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

0017889 AF

CR2E083 (11/00)