2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000011831

1. Entity Name
S & D PROPERTIES, LLC

FILED

01 JAN 30 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
11791 N.E. STATE ROAD 24	11791 N.E. STATE ROAD 24
ARCHER FL 32618	ARCHER FL 32618

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
Same	*Same*	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	

City & State	City & State	4. FEI Number	✓ 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
DUFFIELD, WILLIAM P 11791 N.E. STATE ROAD 24 ARCHER FL 32618	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 _William Duffield_ *William Duffield* 1-19-01

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 *President* NAME *William Duffield* STREET ADDRESS *11741 NE SR 24* CITY-ST-ZIP *Archer, Fl 32618*	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME *William Schuyler* STREET ADDRESS *209 S 7th St* CITY-ST-ZIP *Gloucester City, N.J. 08030*	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800003631828---7 -02/02/01--01140---008 *****50.00 *****50.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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: _William Duffield_ REQUIRED *William Duffield*   1-19-01   (352) 258-0238

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #

CR2E083 (11/00)