

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0003828
AF

DOCUMENT # L00000011987

1. Entity Name

RIGHT THIS WAY, PENSACOLA, L.L.C.

01 MAY -1 PM 6:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

4795 VELASQUEZ PLACE
PENSACOLA FL 32504

Mailing Address

4795 VELASQUEZ PLACE
PENSACOLA FL 32504



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

PO-Box 9835

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pensacola, FL

4. FEI Number

59-3679853

Applied For

Not Applicable

Zip

Country

Zip

325013

Country

USA

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

RENTZ, LUCILE H
4795 VELASQUEZ PLACE
PENSACOLA FL 32504

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
MGRM
RENTZ, LUCILE
P.O. BOX 9885
PENSACOLA FL 32513 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000004271780--1
-05/18/01--01101--022
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE
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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:

Lucile H. Rentz

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

Date

Daytime Phone #

850-434-9411
4.25.01 850-432-6366

CR2E083 (11/00)