

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000012721

1. Entity Name

PPI CORRECTIONS, L.L.C.

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90181 001 ****50.00

04-17-2002 90181 002 *****5.00

Principal Place of Business

4421 N.W. 39TH AVENUE, BLDG. 3
GAINESVILLE FL 32607

Mailing Address

4421 N.W. 39TH AVENUE, BLDG. 3
GAINESVILLE FL 32607

2. Principal Place of Business

8200 NW 15th PL

Suite, Apt. #, etc.

Ste B

3. Mailing Address

8200 NW 15th PL

Suite, Apt. #, etc.

Ste B

City & State

GAINESVILLE, FL

City & State

GAINESVILLE, FL

Zip

32606

Country

USA

Zip

32606

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3677682

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARLSON, JOHN V

4421 N.W. 39TH AVENUE, BLDG. 3
GAINESVILLE FL 32607

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

8200 NW 15th PL Ste B

City

GAINESVILLE

FL

Zip Code

32606

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME HELKER, DAVID
STREET ADDRESS 4421 N.W. 39TH AVENUE, BLDG. 3
CITY-ST-ZIP GAINESVILLE FL 32607 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGR
NAME JOHN V CARLSON
STREET ADDRESS 8200 NW 15th PL Ste B
CITY-ST-ZIP GAINESVILLE, FL 32606 ☐ Change ☐ Addition

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

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

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

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

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

CR2E083 (9/01)

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]

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

4/2/02

352 331 141

Date

Daytime Phone #