

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000012966

1. Entity Name
PRIMESTATE, LLC

FILED

01 APR 19 PM 12:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
630 EAST 60TH STREET
JACKSONVILLE FL 32208

Mailing Address
630 EAST 60TH STREET
JACKSONVILLE FL 32208



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

59-3681356

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

GILL, BRENDA G
630 EAST 60TH STREET
JACKSONVILLE FL 32208

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 ☐ Delete
NAME **MANAGING PARTNER**
STREET ADDRESS **BRENDA G. GILL**
CITY-ST-ZIP **630 E. 60TH STREET JACKSONVILLE, FL 32208**

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

TITLE ☐ Delete
NAME **PARTNER**
STREET ADDRESS **DEREK D. GILL**
CITY-ST-ZIP **630 E. 60TH STREET JACKSONVILLE, FL 32208**

TITLE ☐ Change ☐ Addition
NAME **200004084**
STREET ADDRESS **-04/27/01--01031--023**
CITY-ST-ZIP *******50.00 *****50.00**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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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: **Brenda G. Gill** **4/16/01** **(904) 766-9791**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

0003236 AF

CR2E083 (11/00)