

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000013023

1. Entity Name

M & S INVESTMENTS, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 SEP 26 PM 3:26

Principal Place of Business

354 OFFICE PLAZA DR.
TALLAHASSEE FL 32301

Mailing Address

354 OFFICE PLAZA DR.
TALLAHASSEE FL 32301

2. Principal Place of Business

354 Office Plaza Dr.

Suite, Apt. #, etc.

— 0 —

3. Mailing Address

same

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Tallahassee, FL

City & State

same

4. FEI Number

59-3676909

Applied For

Not Applicable

Zip

32301

Country

Leon

Zip

same

Country

same

5. Certificate of Status Desired

☒

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DOVE, JOYCE SIBSON
203 N. GADSDEN ST. #3
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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
Due By September 26, 2001

800004616443--7
-09/28/01--01051--020
*****55.00 *****55.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP
MANAGER SHERRY SIMPSON 352 W. Horseshoe Rd Tallahassee, FL 32317 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
Authorized Representative Kay M. Ragland 1938 Lambert Ln. Tallahassee, FL 32317 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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: Sherry Simpson

SIGNATURE REQUIRED Kay M. Ragland

09-08-01

STAPLE CHECK HERE

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CR2E083 (5/01)