2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State
03-18-2002 90184 042 ****50.00

23678

DOCUMENT # L00000013393

1. Entity Name
SEYMOR AND, LLC

Principal Place of Business	Mailing Address
100 SOUTHPARK BLVD.. SUITE ~~206~~ 312 ST. AUGUSTINE FL 32086	100 SOUTHPARK BLVD.. SUITE 206 ST. AUGUSTINE FL 32086

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
		P.O. Box 5358	
Suite, Apt. #, etc. 312		Suite, Apt. #, etc.	
City & State		City & State St. Augustine, FL	
Zip	Country	Zip 32085	Country

4. FEI Number 59-3684256 ☐ Applied For ☐ Not Applicable

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
MORAR, GEORGE JR. 334 MARSH POINT CIRCLE ST. AUGUSTINE FL 32080	Name David M. Andreas Street Address (P.O. Box Number Is Not Acceptable) 339 Marshside Drive North City St. Augustine FL Zip Code 32080

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] 4/7/02
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		10. ADDITIONS/CHANGES	
TITLE MGRM NAME MORAR, GEORGE JR. STREET ADDRESS 334 MARSHPOINT CIRCLE CITY-ST-ZIP ST. AUGISTINE FL 32080	☐ Delete	TITLE MGRM NAME SEYBOLD, MICHAEL O. STREET ADDRESS 5400 WINDANTIDE ROAD CITY-ST-ZIP ST. AUGUSTINE, FL 32080	☐ Change ☒ Addition
TITLE MGRM NAME ANDREWS, DAVID M STREET ADDRESS 339 MARSHSIDE DRIVE NORTH CITY-ST-ZIP ST. AUGUSTINE FL 32080	☐ Delete	TITLE MGRM NAME Morar, George Jr. STREET ADDRESS 817 Kalli Creek Lane CITY-ST-ZIP St. Augustine, Fl 32080	☒ 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
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

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] David M. Andreas 2/22/02 904-826-1987
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #