

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000013685

1. Entity Name

SESSOMS OFFICE PARK, L.C.

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90128 044 ****50.00

Principal Place of Business

7777 NORTH DAVIE RD EXTENSION
SUITE 301-A
HOLLYWOOD FL 33024

Mailing Address

7777 NORTH DAVIE RD EXTENSION
SUITE 301-A
HOLLYWOOD FL 33024

2. Principal Place of Business

7485 Davie Road Extension

3. Mailing Address

7485 Davie Road Extension

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hollywood, FL

City & State

Hollywood, FL

Zip

33024

Country

USA

Zip

33024

Country

USA

4. FEI Number

65-1142436

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHNEIDER, REUBEN M
2021 TYLER ST
HOLLYWOOD FL 33020

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 May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SESSOMS, FLETCHER
7777 NORTH DAVIE RD EXTENSION SUITE 301-A
HOLLYWOOD FL 33024 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
7485 Davie Road Extension
Hollywood, FL 33024 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SESSOMS, AUDREY
7777 NORTH DAVIE RD EXTENSION SUITE 301-A
HOLLYWOOD FL 33024 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
7485 Davie Road Extension
Hollywood, FL 33024 ☒ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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TITLE
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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:  **SIGNATURE REQUIRED**

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

4/22/02

954-431-7900

Date

Daytime Phone #

CR2E083 (9/01)