

2001 UNIFORM BUSINESS REPORT (UBR)

0018471 AF

DOCUMENT # L00000014332

1. Entity Name
PENTASTAR ASSET MANAGEMENT COMPANY, L.L.C.

FILED

01 FEB 28 PM 3: 06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3754 CENTRAL AVENUE
ST. PETERSBURG FL 33711

Mailing Address
3754 CENTRAL AVENUE
ST. PETERSBURG FL 33711



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

☒ 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

KEELING, RONALD C
3754 CENTRAL AVENUE
ST. PETERSBURG FL 33711

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 *Ronald C. Keeling*
Signature, typed or printed name of Registered Agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/25/01

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

700003802107--0
-03/06/01--01059--006
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME *MANAGING PARTNER*
STREET ADDRESS *Robert N. Bedford*
CITY-ST-ZIP *11680 OAK AVENUE*
Seminole, FL 33772

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

TITLE ☐ Delete
NAME *PARTNER*
STREET ADDRESS *Ronald C. Keeling*
CITY-ST-ZIP *2826 Boca Ciega Dr N.*
ST. Petersburg, FL 33710

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

TITLE ☐ Delete
NAME *PARTNER*
STREET ADDRESS *Jerry Davis*
CITY-ST-ZIP *3754 CENTRAL AVE*
ST. Petersburg, FL 33711

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: *Robert N. Bedford*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/25/01

727-327-0545

Date

Daytime Phone #

CR2E083 (11/00)