

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90139 019 ****50.00

DOCUMENT # LOQQQ0014788

1. Entity Name

ET PROPERTIES OF NORTHEAST FLORIDA, LLC

Principal Place of Business

**3101 CR 220
MIDDLEBURG FL 32068**

Mailing Address

**3101 CR 220
MIDDLEBURG FL 32068**

2. Principal Place of Business

2647 Shannon Street

3. Mailing Address

2647 Shannon Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orange Park, Florida

City & State

Orange Park Florida

Zip

32068

Country

U.S.

Zip

32068

Country

U.S.

4. FEI Number

59-3682515

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WILLIAMS, GRADY H JR.
1279 KINGSLEY AVE., STE. 117
ORANGE PARK FL 32073**

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

TITLE **MGRM** ☐ Delete
NAME **EGGERS, KYLE A**
STREET ADDRESS **3101 CR 220**
CITY-ST-ZIP **MIDDLEBURG FL 32068**

TITLE **MGRM** ☐ Delete
NAME **TEBBE, BRYAN T**
STREET ADDRESS **749 KINGWOOD AVE.**
CITY-ST-ZIP **ORANGE PARK FL 32065**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition
NAME **Eggers, Kyle A**
STREET ADDRESS **2647 Shannon St.**
CITY-ST-ZIP **Orange Park, FL 32068**

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

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

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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: [Signature]

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

3-12-02 904-272-6046

Date

Daytime Phone #

0023641

CR2E083 (9/01)