

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015680

1. Entity Name

M.E. HEMBREE, L.L.C. * Marymar, Inc.

Principal Place of Business

720 HIGHWAY 19 NORTH
MERIDIAN MS 39301

Mailing Address

% MS. MARY E. HEMBREE
P.O. BOX 4039
MERIDIAN MS 39304

2. Principal Place of Business

3. Mailing Address

P.O. Box 12964

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Pensacola FL

Zip

Country

Zip
32591

Country

USA

4. FEI Number

64-0909664

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WRIGHT, KATHY
60 INDIAN BAYOU DRIVE
DESTIN FL 32540

7. Name and Address of New Registered Agent

Name
Mary Hembree

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

7-14-01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By September 26, 2001

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08/02/01--01068--019

*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
OWNER
MARY E. HEMBREE
3710 MACKAY COVE DRIVE
PENSACOLA, FL 32514

☐ Delete

10. ADDITIONS/CHANGES

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

TITLE
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STREET ADDRESS
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☐ 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

7-14-01

8503800010

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

Date

Daytime Phone #

CR2E083 (5/01)

0009511