

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015947

1. Entity Name

FLOYD PROPERTIES, L.L.C.

Principal Place of Business

5472 SKYLARK CT
JACKSONVILLE FL 32257

Mailing Address

P.O. BOX 23134
JACKSONVILLE FL 32241

2. Principal Place of Business

5472 SKYLARK CT

3. Mailing Address

PO BOX 23134

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

Zip

32257

Country

USA

Zip

32241

Country

USA

4. FEI Number

59-3692496

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

FILED

01 APR 13 PM 5:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6. Name and Address of Current Registered Agent

Ford, Jeter, Bowles, Duss & Morgan P.A.
10110 San Jose Blvd
Jacksonville, FL 32257
ATTN: Theresa Kenney

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

9. MANAGING MEMBERS / MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP
Managing Member
Lisa J. Floyd
5472 SKYLARK CT
JACKSONVILLE FL 32257 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP
Managing Member
Lisa J. Floyd
5472 SKYLARK CT
JACKSONVILLE FL 32257 ☐ Change ☒ Addition

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

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

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

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

TITLE NAME STREET ADDRESS 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-11-01 904-880-5660

CR2E083 (11/00)