

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90057 025 ****50.00

DOCUMENT # L01000000142

1. Entity Name

SHACKELFORD PROPERTIES, 146 HARBOURMASTER COURT, LLC

Principal Place of Business

**200 PLANTATION CHASE STE #8
 ST SIMONS ISLAND GA 31561**

Mailing Address

**PO BOX 30282
 SEA ISLAND GA 31561**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-2622501

Applied For

Not Applicable

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

**SHACKELFORD, JOHN P JR.
 105 CUTTER COURT
 PONTE VEDRA BEACH FL 32082**

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
 SHACKELFORD JR, JOHN P
 PO BOX 30282
 SEA ISLAND GA** ☐ Delete

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

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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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:

John P. Shackelford, Jr.

4/30/02

912-634-0924

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

Date

Daytime Phone #

CR2E083 (9/01)