

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90965 048 \*\*\*150.00

# 2002 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** L01000000561

1. Entity Name

PAGET PROPERTIES, LLC

Principal Place of Business

3629 NW 133RD ST.  
 GAINESVILLE FL 32606

Mailing Address

3629 NW 133RD ST.  
 GAINESVILLE FL 32606

2. Principal Place of Business

3. Mailing Address

Suite, Apt.

Suite, Apt. #, etc.

City &amp; St.

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-3634133

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

MOORE, ANN E  
 3629 NW 133RD ST.  
 GAINESVILLE FL 32606

Name

MARY WALKER

Street Address (P.O. Box Number is Not Acceptable)

C/O JAMES MOORE &amp; CO

P.O. BOX 1616 620 NW 16 Ave

City

GAINESVILLE

FL

Zip Code 32601

32602-1616

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

*Mary Walker*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/22/02

**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

MANAGER  
 MOORE, ANN E.  
 3629 N.W. 133RD ST.  
 GAINESVILLE FL 32606

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
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☐ Change☐ Addition

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☐ Delete

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)(l), 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:

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

3/25/2002

352-332-1342

Date

Daytime Phone #

CR2E083 (9/01)