

2002 UNIFORM BUSINESS REPORT (UBR)

0004208

192

DOCUMENT # L01000001802

1. Entity Name

ACCIDENT PREVENTION ACADEMY OF NORTH FLORIDA, LL
C

FILED

2003 APR -2 PM 12:10

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

6048 BRECKENRIDGE DR.
MILTON FL 32570

6048 BRECKENRIDGE DR.
MILTON FL 32570

2. Principal Place of Business

33 Calle Marbella

3. Mailing Address

33 Calle Marbella

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pensacola Beach Florida

City & State

Pensacola Beach Florida

Zip

32561

Country

United States

Zip

32561

Country

United States

4. FEI Number

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

CORMIER, JANE P
6048 BRECKENRIDGE DRIVE
MILTON FL 32570

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Jane P. Cormier

3-28-02

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 September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CORMIER, LEE J 6048 BRECKENRIDGE DRIVE MILTON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CORMIER, JANE P 6048 BRECKENRIDGE DRIVE MILTON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. Cormier, Lee J 33 Calle Marbella Pensacola Beach FL. 32561	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. Cormier, Jane P. 33 Calle Marbella Pensacola Beach FL. 32561	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Jane P. Cormier

3-28-02

850-934-9917

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

Date

Daytime Phone #

CR2E083 (4/02)

292

FILED

3/27/03

2003 APR -2 PM 12:10

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

To whom it may concern:

Our mailing address changed in August, 2002. Please accept the enclosed completed form and payment and update our address.

Thank you


Jane Cormier

Accident Prevention Academy of North
33 Calle Marbella
Pensacola Beach, FL. 32561