

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90019 011 ****50.00

DOCUMENT # L01000003545

1. Entity Name

PURTON BAY, L.L.C.

Principal Place of Business

2033 MAIN ST., STE. 600
 SARASOTA FL 34237

Mailing Address

2033 MAIN ST., STE. 600
 SARASOTA FL 34237

2. Principal Place of Business

426 PARTRIDGE Circle 426 PARTRIDGE Circle

3. Mailing Address

426 PARTRIDGE Circle 426 PARTRIDGE Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE



City & State

SARASOTA FL

City & State

SARASOTA FL

4. FEI Number

Applied For

☒ Not Applicable

Zip

34236 SARASOTA

Zip

34236

Country

SARASOTA

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MYERS, TROY H JR.
 2033 MAIN ST., STE. 600
 SARASOTA FL 34237

7. Name and Address of New Registered Agent

Name Michael J. Shelton

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

426 PARTRIDGE Circle

City SARASOTA

FL

Zip Code 34236

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

Michael J Shelton

2-19-02

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 May 1, 2002

9. MANAGING MEMBERS / MANAGERS

TITLE MGR
 NAME MCREYNOLDS, ALLEN D
 STREET ADDRESS 426 PARTRIDGE CIR.
 CITY-ST-ZIP SARASOTA FL 34236

10. ADDITIONS / CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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 908, Florida Statutes.

SIGNATURE:

Allen D McReynolds

2-19-02

941-953-3474

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

Date

Daytime Phone #

CR2E083 (9/01)