

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 23, 2002 8:00 am**  
**Secretary of State**

06-23-2002 90505 007 \*\*\*\*50.00

**DOCUMENT # L01000006039**

1. Entity Name

**LUTHER PONTOON RENTALS, LLC**

Principal Place of Business

798 PEARL SAND DR  
 MARY ESTHER FL 32569

Mailing Address

798 PEARL SAND DR  
 MARY ESTHER FL 32569

2. Principal Place of Business

202 B Hwy 98 East  
 Suite, Apt. #, etc.

3. Mailing Address

798 Pearl Sand Dr  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
 Destin FL

Zip  
 32541

Country  
 USA

City & State

Mary Esther FL

Zip  
 32569

Country  
 USA

4. FEI Number

81-0556072

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

OSBORNE, ANITA J.K.  
 ACCOUNTING SERVICES OF THE EMERALD COAST  
 349 KEPNER DR  
 FT WALTON BEACH FL 32548

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**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 President  
 Michael D. Luther  
 798 Pearl Sand Dr  
 Mary Esther FL 32569

☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 V-President  
 Sheila P. Luther  
 798 Pearl Sand Dr  
 Mary Esther FL 32569

☐ Delete

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

TITLE  
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CR2E083 (9/01)

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 Required*

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

6-15-02

850-650-8733

Date

Daytime Phone #