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FILED
May 24, 2002 8:00 am
Secretary of State

04-01-2002 90675 045 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000006332

1. Entity Name

MACH II, LLC

Principal Place of Business

5200 32ND TERRACE NORTH
ST. PETERSBURG FL 33710

Mailing Address

5200 32ND TERRACE NORTH
ST. PETERSBURG FL 33710

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEL Number

57-3714568

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PUCKETT, RON JR.
5200 32ND TERRACE NORTH
ST. PETERSBURG FL 33710

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

TITLE MGRM ☐ Delete
 NAME SAXMAN, BONNIE
 STREET ADDRESS 3443 HAINES ROAD NORTH
 CITY-ST-ZIP ST. PETERSBURG FL 33704

TITLE MGRM ☐ Delete
 NAME PUCKETT, RON JR.
 STREET ADDRESS 5200 32ND TERRACE NORTH
 CITY-ST-ZIP ST. PETERSBURG FL 33710

TITLE MGRM ☐ Delete
 NAME SAXMAN, KEVIN
 STREET ADDRESS 3443 HAINES ROAD NORTH
 CITY-ST-ZIP ST. PETERSBURG FL 33704

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS / CHANGES

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

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

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

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

3-19-02 727-522-4593

CR2E083 (9/01)