

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2003 8:00 am
Secretary of State

02-11-2003 90048 015 ****50.00

DOCUMENT # L01000007063



1. Entity Name

WILLIAM T. PAYNE, JR. LLC

Principal Place of Business

**7104 ST JOHNS WAY
UNIVERSITY PARK FL 34201**

Mailing Address

**1605 MAIN ST., STE. 912
SARASOTA FL 34236**

20025534

2. Principal Place of Business

7104 ST JOHNS WAY

3. Mailing Address

7104 ST JOHNS WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
University Park, FL

City & State
University Park, FL

4. FEI Number **65-1100236**

Applied For
Not Applicable

Zip **34201** Country **USA**

Zip **34201** Country **USA**

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

**PAYNE JR, WILLIAM L
7104 ST JOHNS WAY
UNIVERSITY PARK FL 34201**

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 *William T. Payne*
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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
NAME **PAYNE JR, WILLIAM T**
STREET ADDRESS **7104 ST JOHNS WAY**
CITY-ST-ZIP **UNIVERSITY PARK FL 34201**

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

TITLE ☐ Delete
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 608, Florida Statutes.

SIGNATURE *William T. Payne*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/23/03 941-359-1264
Date Daytime Phone #

CR2E083 (10/02)