

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 10, 2002 8:00 am**  
**Secretary of State**

01-22-2002 90018 017 \*\*\*\*50.00

**DOCUMENT # L01000007469**

1. Entity Name

**ECCENTRIC HOMES, LLC**

Principal Place of Business

13997 MAHAN DR.  
TALLAHASSEE FL 32308-9571

Mailing Address

13997 MAHAN DR.  
TALLAHASSEE FL 32308-9571

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

01-0609073

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00**

Additional Fee Required

6. Name and Address of Current Registered Agent

**ETTORE, ANTHONY J**  
**13997 MAHAN DR.**  
**TALLAHASSEE FL 32308**

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 NAME STREET ADDRESS CITY-ST-ZIP  
**MGRM**  
**POGGE, STEPHEN G**  
**13997 MAHAN DR.**  
**TALLAHASSEE FL 32308-9571** ☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
**MGRM**  
**KELLOGG, TIM**  
**9601 MICCOSUKEE RD.**  
**TALLAHASSEE FL 32308** ☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
**MGRM**  
**ETTORE, ANTHONY J**  
**13997 MAHAN DR.**  
**TALLAHASSEE FL 32308-9571** ☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
**MGRM**  
**Stillatek Enterprises, LLC**  
**13997 MAHAN DRIVE**  
**TALLAHASSEE, FL 32308-9571** ☒ Change ☐ Addition

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

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

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ 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:**

**SIGNATURE REQUIRED**

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

1/14/02

Date

570-224-6716

Daytime Phone #

CR2E083 (9/01)