

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2002 8:00 am**  
**Secretary of State**

02-27-2002 90086 006 \*\*\*\*50.00

**DOCUMENT # L01000007607**

1. Entity Name

**SHADE TREE WOODWORKING, LLC**

Principal Place of Business

**20666 PANAMA CITY BEACH PARKWAY  
PANAMA CITY BEACH FL 32413**

Mailing Address

**20666 PANAMA CITY BEACH PARKWAY  
PANAMA CITY BEACH FL 32413**

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

**59-3721611**

Applied For

Not Applicable

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

**JONES, LARRY R SR.**

**20666 PANAMA CITY BEACH PARKWAY  
PANAMA CITY BEACH FL 32413**

Name

**Shawn C. Jones**

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

**20666 Panama City Beach Parkway**

City **Panama City Beach, FL**

Zip Code  
**32413**

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

*Shawn C. Jones*  
**Shawn C. Jones**

**2/19/02**  
DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**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 ☐ Delete

TITLE **MGRM** ☐ Change ☒ Addition  
NAME **Shawn Jones**  
STREET ADDRESS **20666 Panama City Beach Parkway**  
CITY-ST-ZIP **Panama City Beach, FL 32413**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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 ☐ Delete

TITLE  
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STREET ADDRESS  
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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:

*Shawn C. Jones*  
**SIGNATURE REQUIRED**

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

Date

Daytime Phone #

**2/19/02 (850) 235-4805**

CR2E083 (9/01)