

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2003 8:00 am
Secretary of State

03-06-2003 90002 039 ****50.00

DOCUMENT # L01000011800

1. Entity Name

PALM COAST PARKWAY, L.C.



Principal Place of Business

C/O BAYCORP DEVELOPMENT, INC.
520 4TH STREET NORTH
ST. PETERSBURG FL 33701

Mailing Address

C/O BAYCORP DEVELOPMENT, INC.
520 4TH STREET NORTH
ST. PETERSBURG FL 33701

2. Principal Place of Business

146 SECOND ST. N.

3. Mailing Address

146 SECOND STREET NORTH

Suite, Apt. #, etc.

Unit 302

Suite, Apt. #, etc.

Unit 302

City & State

St. Petersburg, Florida

City & State

St. Petersburg, Florida

Zip

33701

Country

U.S.

Zip

33701

Country

U.S.



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3749718**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCCALL, JOHN M
C/O BAYCORP DEVELOPMENT, INC.
520 4TH STREET NORTH
ST. PETERSBURG FL 33701

7. Name and Address of New Registered Agent

Name

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

146 SECOND STREET NORTH

Unit 302

City

St. Petersburg

FL

Zip Code

33701

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

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

TITLE **MGR** ☐ Delete
NAME **MCCALL, JOHN M**
STREET ADDRESS **520 4TH STREET NORTH**
CITY-ST-ZIP **ST. PETERSBURG FL 33701**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition
NAME **John M. McCall, Jr.**
STREET ADDRESS **146 SECOND STREET N. - Unit 302**
CITY-ST-ZIP **St. Petersburg, Florida 33701**

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

TITLE ☐ Change ☐ Addition
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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:

John M. McCall

02/26/03 (727) 823-7219

Date

Daytime Phone #

CR2E083 (10/02)