

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2002 8:00 am
Secretary of State

09-08-2002 90120 004 ****50.00

DOCUMENT # L01000013662

1. Entity Name
BRYSON HOLDINGS, L.L.C.

Principal Place of Business

**226 SOUTH PALAFOX
 SUITE 101(A)
 PENSACOLA FL 32501**

Mailing Address

**226 SOUTH PALAFOX
 SUITE 101(A)
 PENSACOLA FL 32501**

978390



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

593738386

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**STONE, S. SCOTT
 125 W. ROMANA STREET, SUITE 150
 PENSACOLA FL 32501**

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

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
 NAME **GRANGER, KENNETH E III**
 STREET ADDRESS **404 E. SUNSET AVENUE**
 CITY-ST-ZIP **PENSACOLA FL 32507**

TITLE ☒ Change ☐ Addition
 NAME **226 S. Palafox Street #101A**
 STREET ADDRESS **Pensacola, FL 32501**
 CITY-ST-ZIP

TITLE **MGRM** ☐ Delete
 NAME **FINCH, JAMES BRYEN JR**
 STREET ADDRESS **3408 WELLINGTON ROAD**
 CITY-ST-ZIP **PENSACOLA FL 32504**

TITLE ☒ Change ☐ Addition
 NAME **1818 E Gladson**
 STREET ADDRESS **Pensacola, FL 32501**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 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: *SKOTT E. REYNOLDS*

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

Date

Daytime Phone #

CR2E083 (9/01)