

2002 UNIFORM BUSINESS REPORT (UBR)

041357

0016368

DOCUMENT # L01000016285

1. Entity Name

AUTUMN CUSTOM MILLWORKS L.L.C.

APPROVED
AND
FILED

02 OCT -7 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

3951 MELDUM AVE
PENSACOLA FL 32507

Mailing Address

3951 MELDUM AVE
PENSACOLA FL 32507

2. Principal Place of Business

27418 NAVY 98
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 61
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Elberta, AL

City & State
Elberta AL

4. FEI Number 59-3734246

Applied For
Not Applicable

Zip 36530

Country Baldwin

Zip 36530

Country Baldwin

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

COX, GREG
3951 MELDUM AVE
PENSACOLA FL 32507

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. 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 Department of State

Due By September 25, 2002

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-10/09/02--01063--025

*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
Pres. Greg Cox
904 Dogwood
Daphne, AL 36524

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
V.P. Judi Cox
904 Dogwood
Daphne, AL 36524

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
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CITY-ST-ZIP

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TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE 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: SIGNATURE REQUIRED

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

Date

Daytime Phone #

CR2E083 (4/02)