

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 07, 2002 8:00 am
Secretary of State

08-07-2002 90171 027 ****55.00

DOCUMENT # L01000016419

1. Entity Name

AZTEC I, LLC

Principal Place of Business

**2030-2 THOMASVILLE ROAD
TALLAHASSEE FL 32308**

Mailing Address

**PO BOX 3210
TALLAHASSEE FL 32315**

2. Principal Place of Business

1934 DELLWOOD DR.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 3210

Suite, Apt. #, etc.

City & State

TALLAHASSEE FL.

City & State

TALLAHASSEE FL.

4. FEI Number

59-3746277

Applied For

Not Applicable

Zip

Country

32303

USA

Zip

Country

32315

USA

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

**EARNHART, PAUL M
2030-2 THOMASVILLE ROAD
TALLAHASSEE FL 32308**

Name **PAUL M. EARNHART**

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

1934 DELLWOOD DR.

City **TALLAHASSEE**

FL

Zip Code **32303**

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 **Paul M. Earnhart**

PAUL M. EARNHART MANAGER 8-5-02

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**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **EARNHART, PAUL M**
STREET ADDRESS **2030-2 THOMASVILLE ROAD**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE ☒ Change ☐ Addition
NAME **PAUL M. EARNHART**
STREET ADDRESS **1934 DELLWOOD DR.**
CITY-ST-ZIP **TALLAHASSEE FL. 32303**

TITLE **MGR** ☐ Delete
NAME **PINKERTON, BILL R**
STREET ADDRESS **2030-2 THOMASVILLE ROAD**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE ☒ Change ☐ Addition
NAME **BILL R. PINKERTON**
STREET ADDRESS **1934 DELLWOOD DR.**
CITY-ST-ZIP **TALLAHASSEE FL. 32303**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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: **PAUL M. EARNHART**
PAUL M. EARNHART MANAGER

8-5-02 386-2773

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

Date

Daytime Phone #

CR2E083 (4/02)