

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L01000016877**

1. Entity Name

13 VERMONT LLC.

Principal Place of Business

**2152 14TH CIRCLE NORTH
ST PETERSBURG FL 33713**

Mailing Address

**2152 14TH CIRCLE NORTH
ST PETERSBURG FL 33713**

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

89-3754236

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

**HINES, J. BRADFORD
144 FIRST AVENUE SOUTH
STE 500
ST PETERSBURG FL 33701**

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MGRM SCHERER III, CLARK H 2152 14TH CIRCLE NORTH ST PETERSBURG FL			
MGRM TUCKER, FRED C 5115 OLD ELLIS POINTE ROSWELL GA			
MGRM SERTICH, LARRY 5115 OLD ELLIS POINTE ROSWELL GA			

CR2E083 (9/01)

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

4/25/02

Daytime Phone #

FILED
Jun 05, 2002 8:00 am
Secretary of State

05-12-2002 90590 046 ****50.00

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DO NOT WRITE IN THIS SPACE