

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000018519

1. Entity Name

R.W. JOYNER & SONS, L.L.C.

Principal Place of Business

2375 W HERMAN ST
PENSACOLA FL 32506

Mailing Address

2375 W HERMAN ST
PENSACOLA FL 32506

2. Principal Place of Business

2373 W. HERMAN ST
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 4951
Suite, Apt. #, etc.

City & State

PENSACOLA FL

City & State

PENSACOLA FL

4. FEI Number

59-3751528

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOYNER, R. RANDAL
2375 W HERMAN ST
PENSACOLA FL 32506

7. Name and Address of New Registered Agent

Name RONALD D. JOYNER
Street Address (P.O. Box Number is Not Acceptable)
2373 W. HERMAN ST
City PENSACOLA FL Zip Code 32505

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 RONALD D. JOYNER

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/4/2002
DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME JOYNER, ROY W
STREET ADDRESS 2375 W HERMAN ST
CITY-ST-ZIP PENSACOLA FL 32506 ☐ Delete

TITLE MGRM
NAME JOYNER, R. RANDAL
STREET ADDRESS 2375 W HERMAN ST
CITY-ST-ZIP PENSACOLA FL 32506 ☐ Delete

TITLE MGRM
NAME JOYNER, RONALD D
STREET ADDRESS 2375 W HERMAN ST
CITY-ST-ZIP PENSACOLA FL 32506 ☐ Delete

TITLE MGRM
NAME JOYNER, RICHARD A
STREET ADDRESS 2375 W HERMAN ST
CITY-ST-ZIP PENSACOLA FL 32506 ☐ Delete

TITLE MGRM
NAME JOYNER, ROBERT S
STREET ADDRESS 2375 W HERMAN ST
CITY-ST-ZIP PENSACOLA FL 32506 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS 2373 W. HERMAN ST
CITY-ST-ZIP PENSACOLA FL 32505 ☒ Change ☐ Addition

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

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

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

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

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/4/2002

Date

850 438-4956

Daytime Phone #

FILED
Mar 29, 2002 8:00 am
Secretary of State

02-07-2002 90166 012 ****50.00



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)