

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 11, 2002 8:00 am**  
**Secretary of State**

08-05-2002 90011 025 \*\*\*\*50.00

**DOCUMENT # L01000021083**

1. Entity Name

**ADKISON ENTERPRISES, L.L.C.**

Principal Place of Business

**4956 SOUNDSIDE DRIVE  
GULF BREEZE FL 32561**

Mailing Address

**4956 SOUNDSIDE DRIVE  
GULF BREEZE FL 32561**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**04-3617814**

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

**ADKISON, SHANE M.D.  
4956 SOUNDSIDE DRIVE  
GULF BREEZE FL 32561**

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**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|--|---------------------------------|--|---|
| <b>MGRM<br/>ADKISON, DANIEL L<br/>146 CIRCLE<br/>FORSYTH GA 31029</b>            |                                 |  |   |
| <b>MGRM<br/>ADKISON, SHANE<br/>4956 SOUNDSIDE DRIVE<br/>GULF BREEZE FL 32561</b> |                                 |  |   |
|  |                                 |  |   |
|  |                                 |  |   |
|  |                                 |  |   |
|  |                                 |  |   |

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: *Daniel L. Adkison* REQUIRED**

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

**01 Aug 02 850-934-8810**

Daytime Phone #

CR2E083 (4/02)