

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90007 005 ****50.00

DOCUMENT # L01000021096

1. Entity Name

PROSKIL, LLC



Principal Place of Business

528 W. GARDEN STREET, SUITE 2
PENSACOLA FL 32501-4700

Mailing Address

528 W. GARDEN STREET, SUITE 2
PENSACOLA FL 32501-4700

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 31-1815683

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

ALLEN, GRACE E
634 1/2 SILVERSHORE DRIVE
PENSACOLA FL 32507

7. Name and Address of New Registered Agent

Name

Christopher Salter

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

528 W. Garden St. Suite 2

City

PENSACOLA

FL

Zip Code

32501

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

Christopher Salter

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

(NOTE: Registered Agent signature required when reinstating)

1-22-03

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME SALTER, CHRISTOPHER L PRESIDE
STREET ADDRESS 2900 N. MILLER STREET
CITY-ST-ZIP PENSACOLA FL 32503

TITLE MGRM ☐ Delete
NAME THORP, LINDA J VP/TREA
STREET ADDRESS 1136 REVERE POINT RD.
CITY-ST-ZIP VIRGINIA BEACH, VA 23455

TITLE MGR ☒ Delete
NAME ALLEN, GRACE E SECRETARY
STREET ADDRESS 634 1/2 SILVERSHORE DRIVE
CITY-ST-ZIP PENSACOLA FL 32507

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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CITY-ST-ZIP

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 partner or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

1-22-03

CR2E083 (10/02)