

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90230 030 ****50.00

0003151

DOCUMENT # L01000021197

1. Entity Name

FLAD/ELLIOTT, MARSHALL, INNES, LLC



Principal Place of Business

251 E. 7TH AVE.
TALLAHASSEE FL 32303

Mailing Address

251 E. 7TH AVE.
TALLAHASSEE FL 32303

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 **01-0573480**

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

7. Name and Address of New Registered Agent

ELLIOTT, WILLIAM ROBERT JR.
251 E. 7TH AVE.
TALLAHASSEE FL 32303

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 *William Robert Elliott Jr.* **WILLIAM ROBERT ELLIOTT JR. PARTNER**

(NOTE: Registered Agent signature required when reinstating)

DATE

18 APRIL 03

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE Delete
NAME **MGRM VASCCELLARO, MICHAEL**
STREET ADDRESS **3300 SW ARCHER RD**
CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE Change Addition
NAME **MGR JOHN E. BLASSICK**
STREET ADDRESS **3300 SW ARCHER RD.**
CITY-ST-ZIP **GAINESVILLE, FL 32608**

TITLE Delete
NAME **MGR GYLLSTROM, THOMAS H**
STREET ADDRESS **3300 SW ARCHER RD**
CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **MGRM ELLIOT, WILLIAM ROBERT**
STREET ADDRESS **251 EAST 7TH AVENUE**
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **MGR MARSHALL, RICHARD B**
STREET ADDRESS **251 EAST 7TH AVENUE**
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

William Robert Elliott Jr. **WILLIAM ROBERT ELLIOTT JR.**

Date

18 APRIL 03

Daytime Phone #

850-222-7442

CR2E083 (10/02)