

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90214 006 ****55.00

DOCUMENT # L01000022757

1. Entity Name
MCPHERSON INVESTMENTS, LLC



Principal Place of Business

**900 NEW HAMPTON WAY
MERRITT ISLAND FL 32953**

Mailing Address

**900 NEW HAMPTON WAY
MERRITT ISLAND FL 32953**

2. Principal Place of Business

900 New Hampton Way
Suite, Apt. #, etc.

3. Mailing Address

900 New Hampton Way
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Merritt Island, Fla

City & State

Merritt Island, Fla

4. FEI Number **01-0591317**

Applied For

Not Applicable

Zip

32953

Country

USA

Zip

32953

Country

USA

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

**MCPHERSON, JOEL N
900 NEW HAMPTON WAY
MERRITT ISLAND FL 32953**

Name

Same

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]**

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 Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
MCPHERSON, JOEL N
900 NEW HAMPTON WAY
MERRITT ISLAND FL 32953** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
MCPHERSON, JANICE A
900 NEW HAMPTON WAY
MERRITT ISLAND FL 32953** ☐ Delete

TITLE
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☐ Change ☐ Addition

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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)(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]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/13/03
Date
321-452-2606
Daytime Phone #

CR2E083 (10/02)