

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90187 024 ****50.00

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DOCUMENT # L02000002136

1. Entity Name

SEMCO PROPERTIES, LLC



Principal Place of Business

**97 HICKORY TREE ROAD
LONGWOOD FL 32750-7205**

Mailing Address

**97 HICKORY TREE ROAD
LONGWOOD FL 32750-7205**

2. Principal Place of Business

114 HIGHLINE DR

3. Mailing Address

PO BOX 520021

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LONGWOOD FL

City & State

LONGWOOD FL

Zip

32750

Country

Zip

32752-0021

Country

4. FEI Number

41-2024854

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

**HUMPHRIES, J. GREGORY ESQ.
300 S. ORANGE AVE., STE. 1000
ORLANDO FL 32801**

7. Name and Address of New Registered Agent

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
NAME **JERRY ROSS**
STREET ADDRESS **114 HIGHLINE DR** **LONGWOOD FL**
CITY-ST-ZIP **32750**

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

TITLE **MGRM** ☐ Delete
NAME **J SCOTT BANTA**
STREET ADDRESS **114 HIGHLINE DR** **LONGWOOD FL**
CITY-ST-ZIP **32750**

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

TITLE **JAMES BRALEY** ☐ Delete
NAME **MGRM**
STREET ADDRESS **114 HIGHLINE DR** **LONGWOOD FL**
CITY-ST-ZIP **32750**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED

4/24/03

407-266-1953

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

Date

Daytime Phone #

CR2E083 (10/02)