

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

01-15-2003 90046 010 ****50.00

DOCUMENT # L02000004792

1. Entity Name
STOVALL ADVISORS, L.L.C.



Principal Place of Business
**888 BOULEVARD OF THE ARTS
TOWER 1, UNIT 905-906
SARASOTA FL 34236**

Mailing Address
**888 BOULEVARD OF THE ARTS
TOWER 1, UNIT 905-906
SARASOTA FL 34236**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FEI Number
83039 7982

Applied For
Not Applicable

6. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SAVARY, JOHNSON, S
1671 SOUTH DR.
SARASOTA FL 34239**

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
NAME
STREET ADDRESS
CITY - ST - ZIP
MANAGING DIRECTOR
ROBERT H. STOVALL SR
888 BOULEVARD OF THE ARTS (905-906)
SARASOTA, FL 34236

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PRES. AGENT
INGER B. STOVALL
888 BOULEVARD OF THE ARTS (905-906)
SARASOTA, FL 34236

☐ Delete

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STREET ADDRESS
CITY - ST - ZIP

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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:

Robert H. Stovall, SR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Jan 8 '03 365 7819

ROBERT H. STOVALL, CPA

888 Blvd. of the Arts (905)

Sarasota, FL 34236-4831

Telephone: (813) 365-7819; National: 1 (800) THE SUFA;

NYC: (212) 533-2510; PA: (717) 253-5125

FROM:

TO:

Secretary of State

Attachment

55006777

L020000004792

My assigned number
(FEI or EIN) is

030397952

for Stovall Advisors LLC.

Thank you,

Robert Stovall

Feb 11, 2002

