

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90091 050 ***150.00

0003662

DOCUMENT # L02000005697

1. Entity Name
2B2C INVESTMENTS LLC



Principal Place of Business Mailing Address

**301 W. MALLORY STREET
PENSACOLA FL 32501** **301 W. MALLORY STREET
PENSACOLA FL 32501**

2. Principal Place of Business 3. Mailing Address

3200 N. PALAFOX ST. **SAME**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

PENSACOLA, FL **PENSACOLA, FL**

Zip Country Zip Country

32501 **USA** **32501** **USA**

4. FEI Number Applied For

01-0677078 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

**MAYNARD, ROBERT L JR.
301 W. MALLORY STREET
PENSACOLA FL 32501**

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 _____ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGAM MAYNARD, ROBERT L JR. 301 W. MALLORY ST. PENSACOLA, FL 32501 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM O'SULLIVAN, BRIAN P. JR 4965 CASTAYLS RD. PENSACOLA, FL 32504 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED **ROBERT L. MAYNARD, JR.** **4/23/03** **850-434-6441**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CFR2E083 (10/02)