

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

04-28-2003 90080 018 \*\*\*\*50.00

0059477

**DOCUMENT # L02000009092**

1. Entity Name

MERCER PINELLAS COUNTY, LLC



Principal Place of Business

C/O DAVID HOLMER  
562 CRYSTAL DRIVE  
MADEIRA BEACH FL 33708

Mailing Address

C/O DAVID HOLMER  
562 CRYSTAL DRIVE  
MADEIRA BEACH FL 33708

2. Principal Place of Business

3. Mailing Address

11512 Municipal Dr  
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Madeira Beach

Zip

Country

Zip

Country

33708

Pinellas

4. FEI Number

Applied For

01-0674235

Not Applicable

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

HOLMER, DAVID  
562 CRYSTAL DRIVE  
MADEIRA BEACH FL 33708

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 (M.R.) PRESIDENT  
STREET ADDRESS David Holmer  
CITY-ST-ZIP 562 Crystal Dr Madeira Beach  
FL 33708 ☐ Delete

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

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STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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:

*David Holmer*

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

Date

Daytime Phone #

4/25/03 727-393-1402

CR2E083 (10/02)