2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR

DOCUMENT # L02000011685

1. Entity Name

FLINCHUM-SCHLITT DEVELOPMENT, L.L.C.



FILED Jan 10, 2003 8:00 am Secretary of State

01-10-2003 90002 017 ****50.00

Principal Place of Business Mailing Address 656 BOUGAINVILLEA LANE 20002329 656 BOUGAINVILLEA LANE VERO BEACH FL 32963 VERO BEACH FL 32963 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State Applied For 001392 Not Applicable Zip Country Country, Zip 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 Name SCHLITT, LAWRENCE P 656 BOUGAINVILLEA LANE Street Address (P.O. Box Number is Not Acceptable) VERO BEACH FL 32963 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES **MGRM** TITLE ☐ Delete TITLE ☐ Change Addition NAME SCHLITT, LAWRENCE P NAME STREET ADDRESS 656 BOUGAINVILLEA LANE STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32963 CITY-ST-ZIP MGRM ☐ Delete TITLE Change ☐ Addition NAME FLINCHUM, J. RUSSELL NAME STREET ADDRESS P.O. BOX 3989 STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32964 CITY-ST-ZIP MGRM ☐ Delete TITLE ☐ Change ☐ Addition FLINCHUM, RANDALL NAME STREET ADDRESS P.O. BOX 3989-STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32964 CITY-ST-ZIP MGRM ☐ Delete TITLE ☐ Change ☐ Addition SCHLITT, JAMES B NAME STREET ADDRESS 1006 27TH STREET STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32960 CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS 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 the 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:

9.

TITLE

TITLE

TITLE

NAME

TITLE

NAME

SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE