

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

02-24-2003 90052 047 \*\*\*\*\*50.00  
 09-16-2003 90001 006 \*\*\*\*\*50.00  
 L02000014124

**FILED**

03 SEP 16 AM 9:00

SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

**DOCUMENT # L02000014124**

1. Entity Name  
**STALVEY LAND COMPANY, LLC**



Principal Place of Business  
**2820 COASTAL HIGHWAY  
 CRAWFORDVILLE FL 32327**

Mailing Address  
**2820 COASTAL HIGHWAY  
 CRAWFORDVILLE FL 32327**

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip

3. Mailing Address  
**PO Box 1148**  
 Suite, Apt. #, etc.  
 City & State  
**Crawfordville FL**  
 Zip  
**32327**  
 Country  
**USA**



9/16 ☒ CHECK HERE IF MAKING CHANGES

4. FEI Number  
 Applied For  
☒ Not Applicable

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

6. Name and Address of Current Registered Agent  
**STALVEY, WILLIAM KEITH  
 2820 COASTAL HIGHWAY  
 CRAWFORDVILLE FL 32327**

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 September 24, 2003**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STALVEY, WILLIAM KEITH</b> <b>1204 SOUTHERN DR</b> <b>TALLAHASSEE, FL 32310</b>	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"/> Delete	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"/> Delete	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"/> Delete	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: W. Keith Stalvey **9-13-03**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (4/03)