

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90055 007 ****50.00

DOCUMENT # L02000016787

1. Entity Name

ST. JOHN'S EQUIPMENT CO., LLC



Principal Place of Business

**7320 STATE ROAD 13 NORTH
ST. AUGSTINE FL 32092**

Mailing Address

**PMB-264
445 STATE ROAD 13 NORTH, UNIT 26
JACKSONVILLE FL 32259-3838**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

04-3695452

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22ND STREET, 4TH FLOOR
MIAMI FL 33145**

7. Name and Address of New Registered Agent

Name **Kenneth E. Gstohl**

Street Address (P.O. Box Number is Not Acceptable)

7320 State Road 13 North

City **St. Augustine**

FL

Zip Code **32092**

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

Kenneth E. Gstohl, mgr. Kenneth E. Gstohl 2-20-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

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 **MGR**
NAME **GSTOHL, KENNETH E**
STREET ADDRESS **7320 STATE ROAD 13 NORTH**
CITY-ST-ZIP **ST. AUGSTINE FL 32092**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **MGR**
NAME **POWELL, LAURANCE H**
STREET ADDRESS **7320 STATE ROAD 13 NORTH**
CITY-ST-ZIP **ST. AUGSTINE FL 32092**

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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:

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

Date

Daytime Phone #

Kenneth E. Gstohl, mgr. 2-20-03 (904) 284-7264

CR2E083 (10/02)