

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90132 028 \*\*\*\*50.00

**DOCUMENT # L02000016992**

1. Entity Name

**ADP ENTERPRISES, LLC**



Principal Place of Business

Mailing Address

**4771 BAYOU BLVD. #102  
PENSACOLA FL 32503**

**4771 BAYOU BLVD. #102  
PENSACOLA FL 32503**

2. Principal Place of Business

3. Mailing Address

**4600 Mobile Hwy**

**→**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 9 #194**

**→**

**Pensacola Fl.**

City & State

**→**

**32506**

Zip

Country

**Escambia**

**→**

Country

4. FEI Number **58-2406175**

Applied For

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

**MCENTIRE, LYNN  
223 W. LLOYD ST.  
PENSACOLA FL 32501**

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 reinstalling)

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  
STREET ADDRESS  
CITY-ST-ZIP  
**Managing Member**  
**Allen A. Powell**  
**4600 Mobile Hwy #9 #194**  
**Pensacola Fl 32506**

☐ Delete

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

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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] REQUIRED**

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

**4/17/03 850-456-3051**

Date

Daytime Phone #

CR2E083 (10/02)