

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90190 038 \*\*\*\*50.00

0063915

**DOCUMENT # L02000020531**

1. Entity Name  
**ASCENT, L.C.**



Principal Place of Business  
**520 S.E. 8TH AVENUE  
CRYSTAL RIVER FL 33423-0976**

Mailing Address  
**P.O. BOX 976  
CRYSTAL RIVER FL 34423-0976**

2. Principal Place of Business

3. Mailing Address

**PO Box 875**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Crystal River FL**

4. FEI Number

**22-3871141**

Applied For

Not Applicable

Zip

Country

Zip

Country

**34423-0875**

**USA**

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

**Fee Required**

6. Name and Address of Current Registered Agent

**STALCUP, VICTORIA  
520 S.E. 8TH AVENUE  
CRYSTAL RIVER FL**

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

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  
STREET ADDRESS  
CITY-ST-ZIP  
**D Stalcup Victoria**  
**520 SE 8th Ave**  
**Crystal River FL 34429**

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D Stalcup, William J.**  
**520 SE 8th Ave**  
**Crystal River FL 34429**

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D Hubbard Tana**  
**520 SE 8th Ave**  
**Crystal River FL 34429**

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D Hubbard, Jeremiah**  
**520 SE 8th Ave**  
**Crystal River FL 34429**

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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:**

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

Date

Daytime Phone #

**4-21-03 (352) 715-1300**

CR2E083 (10/02)