

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

04-21-2003 90118 038 \*\*\*\*55.00

**DOCUMENT # L02000020645**

1. Entity Name  
**DIXIE ELECTRICAL SUPPLY OF ESCAMBIA COUNTY, L.L.C.**



Principal Place of Business  
**2795 GOODWIN AVE.  
CRESTVIEW FL 32539**

Mailing Address  
**2795 GOODWIN AVE.  
CRESTVIEW FL 32539**

2. Principal Place of Business

3. Mailing Address

**4007 N. Pace Blvd.**

**4007 N. Pace Blvd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Pensacola FL**

**Pensacola FL**

Zip

Country

Zip

Country

**32505**

**USA**

**32505**

4. FEI Number

Applic 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

**FOUNTAIN, KENNETH R  
FOUNTAIN LAW FIRM, P.A.  
8438 GULF BLVD. SUITE A  
NAVARRE BEACH FL 32566**

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  
**MGR  
ROGERS, STEPHEN  
2795 GOODWIN AVE.  
CRESTVIEW FL 32539** ☐ 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  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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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:

**Steve Rogers** 4/4/03 (850) 437-5300

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

Date

Daytime Phone #

CR2E083 (10/02)

0048646