

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0003192

**DOCUMENT # L02000023000**

1. Entity Name  
**PRINCETON (THREE) EXCHANGE ACCOMODATORS, LLC**



**FILED**  
03 JUL 16 AM 11:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
~~200 JOHN KNOX ROAD, STE. 2~~  
~~TALLAHASSEE FL 32303~~

Mailing Address  
~~230 JOHN KNOX ROAD, STE. 2~~  
~~TALLAHASSEE FL 32303~~

2. Principal Place of Business  
**1423 N. BRONOUGH SE**  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
**TALLAHASSEE, FL**

City & State

Zip  
**32303**

Country

Zip

Country

☐ 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  
**GAY, ARTHUR C**  
~~200 JOHN KNOX ROAD, STE. 2~~  
~~TALLAHASSEE FL 32303~~

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number Not Acceptable)  
**1423 N. BRONOUGH SE**  
City  
**TALLAHASSEE** FL Zip Code  
**32303**

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 <b>MANAGER</b>	NAME <b>ARTHUR C GAY</b> STREET ADDRESS <b>1423 N BRONOUGH SE</b> CITY-ST-ZIP <b>TALLAHASSEE, FL 32303</b>	TITLE	NAME STREET ADDRESS CITY-ST-ZIP
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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: **ARTHUR C GAY** Date **5/10/03** Daytime Phone # **850/386-8625**

CR2E083 (10/02)