

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90149 044 ****50.00

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DOCUMENT # L02000023683

1. Entity Name

SOUTHEAST SURVEY & LAND DESIGN, L.L.C.



Principal Place of Business
**100 WEST HERMAN STREET
PENSACOLA FL 32503**

Mailing Address
**100 WEST HERMAN STREET
PENSACOLA FL 32503**

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

52-2378801

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

**BOOKMAN, ALAN B
30 SOUTH SPRING STREET
PENSACOLA FL 32501**

Name **Russell T. Weaver**
Street Address (P.O. Box Number is Not Acceptable)
100 W. Herman Street

City **Pensacola** FL Zip Code **32505**

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

RUSSELL T. WEAVER
(NOTE: Registered Agent signature required when reinstating)

4/29/03
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** ☒ Delete
NAME **BOOKMAN, ALAN B**
STREET ADDRESS **30 SOUTH SPRING STREET**
CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE **MGR** ☐ Change ☒ Addition
NAME **Russell T. Weaver**
STREET ADDRESS **100 W. Herman Street**
CITY-ST-ZIP **Pensacola, FL 32505**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

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

4/29/03 **850-437-3036**
Date Daytime Phone #

CR2E083 (10/02)