

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90002 032 ****55.00

DOCUMENT # L02000024693

1. Entity Name

DUVAL PILOT, LLC



Principal Place of Business

**1050 RIVERSIDE AVE
JACKSONVILLE FL 32204**

Mailing Address

**1050 RIVERSIDE AVE
JACKSONVILLE FL 32204**

2. Principal Place of Business

12849-1 PHILLIPS HWY

3. Mailing Address

75 BEACH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

ATLANTIC BEACH

City & State
JACKSONVILLE, FL

City & State
FLORIDA

4. FEI Number

22-3886722

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

A

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HOUSTON, CLARENCE H JR
1050 RIVERSIDE AVE
JACKSONVILLE FL 32204**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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
GULLIFORD, WILLIAM I JR
1050 RIVERSIDE AVE
JACKSONVILLE FL 32204** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
KAYE, LAWRENCE B
1050 RIVERSIDE AVE
JACKSONVILLE FL 32204** ☒ Delete

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

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☐ 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:

[Handwritten Signature]

**MANAGING
MEMBER**

2/28/03

904 246-8389

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

Date

Daytime Phone #

CR2E083 (10/02)