

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 19, 2003 8:00 am**  
**Secretary of State**

03-19-2003 90047 044 \*\*\*\*55.00

**DOCUMENT # L02000024695**

1. Entity Name

**DUVALPILOT EQUIPMENT OUTFITTERS, 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 PHILIPS HWY.**

Suite, Apt. #, etc.

3. Mailing Address

**12849-1 PHILIPS HWY.**

Suite, Apt. #, etc.

City & State

**JACKSONVILLE, FL**

City & State

**JACKSONVILLE, FL**

Zip

**32256**

Country

**USA**

Zip

**32256**

Country

**USA**

4. FEI Number

**22-3886719**

Applied For

Not Applicable

5. Certificate of Status Desired

**X**

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

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

**MGRM  
DUVAL PILOT, LLC  
1050 RIVERSIDE AVE  
JACKSONVILLE FL 32204**

☐ Delete

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Delete

TITLE  
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CITY - ST - ZIP

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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:

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

**MANAGING MEMBER**

**3/18/03**

**904 268-6554**

Date

Daytime Phone #

CR2E083 (10/02)