

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0003165

DOCUMENT # L02000031136

1. Entity Name

PRINCETON (TEN) EXCHANGE ACCOMODATORS, LLC



FILED

03 JUL 16 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

290 JOHN KNOX ROAD, SUITE TWO
TALLAHASSEE FL 32303

290 JOHN KNOX ROAD, SUITE TWO
TALLAHASSEE FL 32303

2. Principal Place of Business

1423 N Bronough St

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee FL

City & State

City & State

Zip

Country

32303

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

Applied For
☒ Not Applicable

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GAY, ARTHUR C

290 JOHN KNOX ROAD, SUITE TWO
TALLAHASSEE FL 32303

Name

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

1423 N Bronough St

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 mgr
NAME Arthur C Gay
STREET ADDRESS 1423 N Monroe St
CITY-ST-ZIP Tallahassee FL 32303

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
05/06/03--01001--002 **1170.00

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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:

Signature of Arthur C. Gay
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

7/2/03 870/386-8621

CR2E083 (10/02)