

2000 UNIFORM BUSINESS REPORT (UBR)

0014715 AF

APPROVED
AND
FILED

00 APR 18 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L97000000418

1. Entity Name

C.L. FLOYD ENTERPRISES LIMITED COMPANY

Principal Place of Business

4815 US ONE
FORT PIERCE FL 34982

Mailing Address

4815 US ONE
FORT PIERCE FL 34982-7077

2. Principal Place of Business

1230 SEAWAY DR.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Pierce FLA.

City & State

Zip

34949

Country

USA

Zip

Country

MMVM

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0816671

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FLOYD, MARK C
4815 US ONE
FORT PIERCE FL 34982

7. Name and Address of New Registered Agent

Name EDWARD W. BECK, P.A.

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

321 So. SECOND ST.

City

Ft. Pierce

FL

Zip Code

34950

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.

SIGNATURE

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MGRM
NAME FLOYD, MARK C
STREET ADDRESS 4815 US ONE
CITY-ST-ZIP FORT PIERCE FL 34982 ☐ Delete

TITLE MGRM
NAME GREENE, PAULNOR T
STREET ADDRESS 4815 US ONE
CITY-ST-ZIP FORT PIERCE FL 34982 ☒ Delete

TITLE M
NAME FLOYD ENTERPRISES INC.
STREET ADDRESS 6100 TELEGRAPH ROAD
CITY-ST-ZIP TOLEDO OH ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

4-18-00

561-461-4770

CR2E083 (9/99)