

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000000619

1. Entity Name
N22 LC

SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR -3 AM 8:55

Principal Place of Business
3930 KINGSBERRY DR
PENSACOLA FL 32504

Mailing Address
3930 KINGSBERRY DR
PENSACOLA FL 32504-4736



2. Principal Place of Business
5443 GULF Breeze Pkwy
Suite, Apt. #, etc.

3. Mailing Address
5443 GULF BREEZE PKWY
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Gulf Breeze, FL
Zip
32561
Country
U.S.

City & State
GULF BREEZE
Zip
FL
Country
SANTA ROSA

4. FEI Number 59-3451359

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

HEATHERINGTON, WILLIAM PAUL
3930 KINGSBERRY DR
PENSACOLA FL 32504

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.

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 Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
HEATHERINGTON, PAUL
3930 KINGSBERRY DR
PENSACOLA FL 32504

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition
mg3/16/00

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
ADKINSON, SHANE
4956 SOUNDSIDE DR
GULF BREEZE FL 32561

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
ABBOTT, FRANK
4542 MENEWA PATH
PENSACOLA FL 32504

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition
3000003178433-0
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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 #

Signature: William Paul Heatherington 1-13-2000 850-934-7271

CR2E083 (9/99)