

2000 UNIFORM BUSINESS REPORT (UBR)

0015696 AF

DOCUMENT # L98000000487

1. Entity Name

FMM DEVELOPEMENT GROUP LLC

FILED

00 MAR 12 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

5909 YARDLEY COURT
DALLAS TX 75248

Mailing Address

5909 YARDLEY COURT
DALLAS TX 75248-2138

2. Principal Place of Business

2409 PINE ISLAND CT
Suite, Apt. #, etc.
JAG

3. Mailing Address

2409 PINE ISLAND CT
Suite, Apt. #, etc.
JAG

City & State

JACKSONVILLE, FLA

City & State

JACKSONVILLE, FLA

4. FEI Number

59-3504686

Applied For

Not Applicable

Zip

Country

32224

U.S.

Zip

Country

32224

U.S.

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32391

7. Name and Address of New Registered Agent

Name FRED CARLSON

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

2409 PINE ISLAND CT

City JACKSONVILLE

FL

Zip Code

32224

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

Fred Carlson
Signature, typed or printed name of registered agent and title if applicable.

FRED CARLSON Registered Agent 4/10/00
(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 EBERHARDT, MICHAEL C
STREET ADDRESS 5909 YARDLEY COURT
CITY- ST- ZIP DALLAS TX 75248 ☐ Delete

TITLE MGRM
NAME CARLSON, FRED
STREET ADDRESS 2409 PINE ISLAND COURT
CITY- ST- ZIP JACKSONVILLE FL 32224 ☐ 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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition
800003221638-4
-04/24/00--01159--011
*****50.00 *****50.00

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 #

Fred Carlson 4/10/00 (904 7597888)

CR2E083 (9/99)