

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90056 021 ****50.00

DOCUMENT # L98000000625

1. Entity Name

STP PARTNERS, L.L.C.



Principal Place of Business

Mailing Address

333 N. FIRST ST., STE. #102 210
JACKSONVILLE FL 32250

333 N. FIRST ST., STE. #102 210
JACKSONVILLE FL 32250

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3512310**

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

POLISNER, RICHARD
149 S. ROSCOE
PONTE VEDRA BEACH FL 32082

Name **RICHARD POLISNER**
Street Address (P.O. Box Number is Not Acceptable)
333 N. FIRST STREET #210
City **JACKSONVILLE BEACH FL** Zip Code **32250**

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]

(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 **MGRM** ☐ Delete
NAME **POLISNER, RICHARD I D.P.M.**
STREET ADDRESS **149 S. ROSCOE**
CITY-ST-ZIP **PONTE VEDRA FL 32082**

TITLE ☒ Change ☐ Addition
NAME **333 N. FIRST STREET #210**
STREET ADDRESS **JACKSONVILLE BEACH, FL 32250**
CITY-ST-ZIP

TITLE **MGRM** ☐ Delete
NAME **SHIRLEY, PAUL D**
STREET ADDRESS **1887 EPPING FOREST WAY SOUTH**
CITY-ST-ZIP **JACKSONVILLE FL 32217**

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

TITLE **MGRM** ☐ Delete
NAME **TARBART, WILLIAM**
STREET ADDRESS **30 SEAWINDS LANE EAST**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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]

Date

Daytime Phone #

CR2E083 (10/02)