

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90039 035 ****50.00

DOCUMENT # L98000000783

1. Entity Name

THE MCGUFFIN GROUP, L.C.

Principal Place of Business

**3298 SUMMIT BLVD.
 SUITE 28
 PENSACOLA FL 32503**

Mailing Address

**3298 SUMMIT BLVD.
 SUITE 28
 PENSACOLA FL 32503**

2. Principal Place of Business

**3298 Summit Blvd
 Suite, Apt. #, etc.
 # 28**

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Pensacola FL

32503

Esc.



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3526258

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**HUSTON, GARY W
 3 WEST GARDEN STREET, 600 BLOUNT BLDG.
 PENSACOLA FL 32501**

7. Name and Address of New Registered Agent

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
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete
 NAME **MEM**
 STREET ADDRESS **MCGUFFIN, THOMAS RANDAL**
 CITY-ST-ZIP **3298 SUMMIT BLVD.
 PENSACOLA FL 32503**

TITLE ☐ Delete
 NAME **MEM**
 STREET ADDRESS **MCGUFFIN, CYNTHIA R**
 CITY-ST-ZIP **4549 BAYBROOK DRIVE
 PENSACOLA FL 32514**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
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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:

Thomas Randal McGuffin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2-6-02 850-432-5723

CR2E083 (9/01)