

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90579 013 ****50.00

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DOCUMENT # L98000000889

1. Entity Name

PM SOUTHPARK CORPORATE CENTER, L.C.



Principal Place of Business

6299-5 POWERS AVENUE
JACKSONVILLE FL 32217

Mailing Address

6299-5 POWERS AVENUE
JACKSONVILLE FL 32217

2. Principal Place of Business

6260 Dupont Station Ct

Suite, Apt. #, etc.

Suite 1

City & State

Jacksonville, FL

Zip

32217

Country

US

3. Mailing Address

6260 Dupont Station Ct

Suite, Apt. #, etc.

Suite 1

City & State

Jacksonville, FL

Zip

32217

Country

US



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3533134

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

TIMOTHY P. KELLY, P.A.
1016 LASALLE ST
JACKSONVILLE FL 32207

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME MEEK, M. CRAIG
STREET ADDRESS 6299-5 POWERS AVENUE
CITY-ST-ZIP JACKSONVILLE FL 32217

☐ Delete

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS 6260 DUPONT STATION CT., SUITE 1
CITY-ST-ZIP JACKSONVILLE FL 32217

☒ Change ☐ Addition

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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: *M. MEER* **SIGNATURE REQUIRED**

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

03-28-03

Date

904-396-9930

Daytime Phone #

CR2E083 (10/02)