	2001 UNIFOR	M BUSINESS	REPORT	(UBR
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Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country Zip Country 5. Certificate of Status Desired \$5. Fee 6. Name and Address of Current Registered Agent Name WHIBBS, VINCENT J JR. 421 NORTH PALAFOX STREET PENSACOLA FL 32501 City FL 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 site it applicable. FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State 9. MANAGING MEMBERS/MEMBERS IIILE MGRM MGRM MANAGING MEMBERS/MEMBERS IIILE MMCRM MANAGING MEMBERS/MEMBERS SIRET ADDRESS CITY-ST-ZIP PENSACOLA FL 32503 3. Mailing Address DO NOT WRITE IN THIS SPAC 4. FEI Number NOT APPLICABLE Status Desired 1. File Number Name Name Name Name Name SIRET ADDRESS CITY-ST-ZIP **********50.00 **********50.00 **********	ACE App Not i.00 Addi e Required	plied For t Applicable litional d	9
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9. MANAGING MEMBERS/MEMBERS 10. ADDITIONS/CHANGES TITLE MGRM Delete TITLE NAME BOYD, JAMES C STREET ADDRESS 2280 N. 9TH AVE. CITY-ST-ZIP PENSACOLA FL 32503 Make Check Payable to Department of State 10. ADDITIONS/CHANGES TITLE NAME STREET ADDRESS CITY-ST-ZIP ***********************************			
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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 to 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 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 SIGNUIG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime	that the in r manager	nformation r of the	