

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002749

1. Entity Name  
BM6, L.L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 MAR -9 AM 9:09

Principal Place of Business

39987 EMERALD COAST PARKWAY  
DESTIN FL 32541

Mailing Address

P.O. BOX 5708  
DESTIN FL 32541

2. Principal Place of Business

4507 FURLING

3. Mailing Address

"SAME AS ABOVE"

Suite, Apt. #, etc.

Unit # 213

Suite, Apt. #, etc.

City & State

Destin, FL

City & State

Zip

32541

Country

OKALOOSA

Zip

Country

4. FEI Number

59-3545390

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SHARPE, JAMES A

39987 EMERALD COAST PARKWAY  
DESTIN FL 32541

7. Name and Address of New Registered Agent

Name James A. Sharpe

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

4507 FURLING

Unit # 213

City

Destin

FL

Zip Code

32541

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

*James A. Sharpe*

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

(NOTE: Registered Agent signature required when reinstating)

3-7-01

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MGRM  
NAME ASSET RESOURCE MANAGEMENT, INC.  
STREET ADDRESS 39987 EMERALD COAST PARKWAY  
CITY-ST-ZIP DESTIN FL 32541 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGRM  
NAME Asset Resource Management, Inc.  
STREET ADDRESS 4507 FURLING Unit # 213  
CITY-ST-ZIP Destin, FL 32541 ☒ 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

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:

*James A. Sharpe*

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

Date

Daytime Phone #

3/7/01 850-654-4550

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CR2E083 (11/00)