

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90091 029 ****50.00

DOCUMENT # L98000003042

1. Entity Name

D & Z SINCLAIR ENTERPRISES, L.L.C.

Principal Place of Business

**11181 ST. JOHNS INDUSTRIAL PARKWAY
JACKSONVILLE FL**

Mailing Address

**11181 ST. JOHNS INDUSTRIAL PARKWAY
JACKSONVILLE FL**

921822



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

02-0421631

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SINCLAIR, DAVID

**11181 ST. JOHNS INDUSTRIAL PARKWAY
JACKSONVILLE FL**

Name

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

City

DE 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

10. ADDITIONS/CHANGES

TITLE ~~MGR~~ ☐ Delete
NAME **SINCLAIR, DAVID**
STREET ADDRESS **11181 ST. JOHNS INDUSTRIAL PARKWAY**
CITY-ST-ZIP **JACKSONVILLE FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 REQUIRED

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

Date

Daytime Phone #

2-1-02

549-0370

CR2E083 (9/01)