

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2002 8:00 am
Secretary of State

09-08-2002 90120 024 ****50.00

DOCUMENT # L99000000011

1. Entity Name

PERSONAL HISTORIES, L.L.C.

Principal Place of Business

Mailing Address

**6464 JUSTIN GRANT TRAIL
TALLAHASSEE FL 32308**

**6464 JUSTIN GRANT TRAIL
TALLAHASSEE FL 32308**

978870



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

6464 Justin Grant Tr.
Suite, Apt. #, etc.

6464 Justin Grant Trail
Suite, Apt. #, etc.

City & State

City & State

Tallahassee, FL

Tallahassee, FL

4. FEI Number **59-3548934**

Applied For

Not Applicable

Zip

Country

Zip

Country

32309

USA

32309

USA

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

**FOWLER, PAUL B
6464 JUSTIN GRANT TR.
TALLAHASSEE FL 32308**

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 Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
NAME **FOWLER, MARY E**
STREET ADDRESS **6464 JUSTIN GRANT TRAIL**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

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

TITLE **MGRM** ☐ Delete
NAME **FOWLER, PAUL B**
STREET ADDRESS **6464 JUSTIN GRANT TRAIL**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
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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:

SIGNATURE REQUIRED

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

Date

Daytime Phone #

9.3.02 (850) 309-0853

CR2E083 (4/02)