

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000571

1. Entity Name
PABLO ROAD, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 16 PM 3:06

Principal Place of Business
4314 PABLO OAKS COURT
JACKSONVILLE FL 32224

Mailing Address
4314 PABLO OAKS COURT
JACKSONVILLE FL 32224-9631



2. Principal Place of Business
same
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-3561075

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

O'STEEN, ROGER M
4314 PABLO OAKS COURT
JACKSONVILLE FL 32224

Name
Tanya P. Edwards

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

4314 Pablo Oaks Ct.

City
Jacksonville

FL

Zip Code
32224

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

Tanya P. Edwards
(NOTE: Registered Agent signature required when reinstating)

3/13/00
DATE

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

BLT

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE MGRM ☒ Delete
NAME BEACH BOULEVARD DEVELOPMENT CORP.
STREET ADDRESS 4314 PABLO OAKS COURT
CITY-ST-ZIP JACKSONVILLE FL 32224

TITLE MGRM ☐ Change ☒ Addition
NAME Pablo Road Development, LLC
STREET ADDRESS 4314 Pablo Oaks Ct
CITY-ST-ZIP Jacksonville FL 32224

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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:

Tanya P. Edwards
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

3-14-00 904-992-9750
Date Daytime Phone #

CR2E083 (9/99)