

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90012 033 \*\*\*\*50.00

**DOCUMENT # L99000001264**

1. Entity Name  
**POPPELL, L.C.**



Principal Place of Business  
**911A MAR WALT DRIVE  
FORT WALTON BEACH FL 32547**

Mailing Address  
**911A MAR WALT DRIVE  
FORT WALTON BEACH FL 32547**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3577068**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**FOSTER, WILLIAM SCOTT  
909 MAR WALT DRIVE, SUITE 1014  
FORT WALTON BEACH FL 32547**

**7. Name and Address of New Registered Agent**

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 Florida Department of State  
Due By May 1, 2003**

**9. MANAGING MEMBERS / MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
POPPELL, SAMUEL E  
911 MAR WALT DRIVE  
FORT WALTON BEACH FL 32547** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

**10. ADDITIONS / CHANGES**

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

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:**

*Samuel E. Poppel*  
**SIGNATURE REQUIRED**  
**Samuel E. Poppel, MD**

Date

**850-862-4001**

Daytime Phone #

CR2E083 (10/02)