

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001732

1. Entity Name
STEVE DALE ENTERPRISES, LLC

FILED

01 FEB 15 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
34851 EMERALD COAST PARKWAY
DESTIN FL 32541

Mailing Address
% KEVIN M. HELMICH. ESQ.
P.O. BOX 5499
DESTIN FL 32540

2. Principal Place of Business
4481 Legendary Drive
Suite, Apt. #, etc.
Suite 200

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

City & State
Destin, FL

City & State

Zip
32541

Country
USA

Zip

Country

4. FEI Number
59-3568603

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
HELMICH, KEVIN M
34851 EMERALD COAST PARKWAY
DESTIN FL 32541

7. Name and Address of New Registered Agent
Name
Helmich, Kevin M.
Street Address (P.O. Box Number is Not Acceptable)
4481 Legendary Drive, Suite 200
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 KEVIN M. HELMICH 01-24-01
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

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DALE, STEPHEN M 4486 OCEAN VIEW DRIVE DESTIN FL 32541	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DALE, STEPHEN M 175 TURNBERRY CIRCLE FAYATTEVILLE GA 30115	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9000003708729--4 -02/13/01--0101-015 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DALE, LINDA M 175 TURNBERRY CIRCLE FAYATTEVILLE GA 30115	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: 1-30-01 770-632-7440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

0003982 AF

CR2E083 (11/00)