

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000001871**

1. Entity Name
PUMPKIN, L.C.

Principal Place of Business
**709 HAWKS RIDGE ROAD
PORT ORANGE FL 32127**

Mailing Address
**709 HAWKS RIDGE ROAD
PORT ORANGE FL 32127-5837**

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

59-3569596

Applied For

Not Applicable

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

**LARSON, ERIC
709 HAWKS RIDGE ROAD
PORT ORANGE FL 32127**

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.

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**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
LARSON, ERIC
709 HAWKS RIDGE ROAD
PORT ORANGE FL 32127** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**400003283554-4
-06/09/00-01100-025
*****55.00 *****55.00** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
LARSON, BARBARA A
709 HAWKS RIDGE ROAD
PORT ORANGE FL 32127** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
 ☐ Delete

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

BARBARA A LARSON **4-11-00** **904-756-4728**

APPROVED
AND
FILED

00 MAY 18 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CF2E083 (9/99)