

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90263 031 ****50.00

DOCUMENT # L99000002615

1. Entity Name
PLUG IT.COM, LLC

Principal Place of Business

**226 SOUTH PALAFOX STREET
4TH FLOOR
PENSACOLA FL 32501**

Mailing Address

**226 SOUTH PALAFOX STREET
4TH FLOOR
PENSACOLA FL 32501**

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 **59-3579109**

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

**CAMPBELL, JAMES S
BEGG AND LANE
3 WEST GARDEN STREET, SUITE 700
PENSACOLA FL 32501**

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
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
NAME **SMITH, ROBERT JOEL**
STREET ADDRESS **210 EAST INTENDENCIA ST**
CITY-ST-ZIP **PENSACOLA FL**

TITLE **MGRM** ☐ Change ☒ Addition
NAME **Dochay Eaton**
STREET ADDRESS **226 S Palafox St 4th FL**
CITY-ST-ZIP **Pensacola, FL 32501**

TITLE **MGRM** ☐ Delete
NAME **SHOEN, KENNETH M**
STREET ADDRESS **210 EAST INTENDENCIA ST**
CITY-ST-ZIP **PENSACOLA FL**

TITLE **MGRM** ☐ Change ☐ Addition
NAME **White, Jamison**
STREET ADDRESS **226 S Palafox St 4th FL**
CITY-ST-ZIP **Pensacola, FL 32501**

TITLE **MGRM** ☐ Delete
NAME **WHIBBS, VINNIE**
STREET ADDRESS **210 EAST INTENDENCIA ST**
CITY-ST-ZIP **PENSACOLA FL**

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

TITLE **CFO M MGRM** ☐ Delete
NAME **WIRTH, JAMES V**
STREET ADDRESS **226 S. PALAFOX**
CITY-ST-ZIP **PENSACOLA FL**

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

TITLE **DES MGRM** ☐ Delete
NAME **JOHNSON, GEORGE T**
STREET ADDRESS **226 S. PALAFOX**
CITY-ST-ZIP **PENSACOLA FL**

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

TITLE **MGRM** ☐ Delete
NAME **APPLEYARD, RICHARD L**
STREET ADDRESS **4400 BAYOU BOULEVARD**
CITY-ST-ZIP **PENSACOLA FL 32503**

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 #

1/10/02 (850) 914-8007

CR2E083 (9/01)