

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 MAY -3 PM 1:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000003221

1. Entity Name

STALNAKER AND STALNAKER, L.L.C.

Principal Place of Business
1701 WEST 9 1/2 MILE
ROAD
CANTONMENT FL 32533

Mailing Address
1701 WEST 9 1/2 MILE
ROAD
CANTONMENT FL 32533

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

59-3581396

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHASE, JAMES L.
101 EAST GOVERNMENT STREET
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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Delete
NAME Culbertson, M. Warren
STREET ADDRESS 6350 North Pensacola Blvd.
CITY - ST - ZIP Pensacola, FL 32505

TITLE MGRM ☐ Change ☒ Addition
NAME Stalnaker, Todd D.
STREET ADDRESS 105 Cypress Point East
CITY - ST - ZIP Pensacola, FL 32504

TITLE MGRM ☐ Delete
NAME Stalnaker, B.L.
STREET ADDRESS 1701 W. 9 1/2 Mile Road
CITY - ST - ZIP Cantonment, FL 32533

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000004336430
CITY - ST - ZIP -05/31/01--01076--012

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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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

5-01-01 (89) 476-2280

EX.T.11