

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 MAY -3 PM 1:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|   |  |   |  |
|---|--|---|--|
| <b>DOCUMENT #</b> L99000003221  |  |   |  |
| 1. Entity Name<br><b>STALNAKER AND STALNAKER, L.L.C.</b>                        |  |   |  |
| Principal Place of Business<br>1701 WEST 9 1/2 MILE ROAD<br>CANTONMENT FL 32533 |  | Mailing Address<br>1701 WEST 9 1/2 MILE ROAD<br>CANTONMENT FL 32533 |  |
| 2. Principal Place of Business  |  | 3. Mailing Address  |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |  |
| City & State  |  | City & State  |  |
| Zip   |  | Country   |  |
| 4. FEI Number<br>59-3581396   |  | Applied For<br><input type="checkbox"/> Not Applicable              |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                       |  | \$5.00 Additional Fee Required                                      |  |

DO NOT WRITE IN THIS SPACE

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| <b>6. Name and Address of Current Registered Agent</b>               |  |  |  | <b>7. Name and Address of New Registered Agent</b> |  |  |  |
| CHASE, JAMES L.<br>101 EAST GOVERNMENT STREET<br>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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Department of State

| 9. MANAGING MEMBERS/MANAGERS |                            |  |  | 10. ADDITIONS/CHANGES |                        |                                 |  |
|------------------------------|----------------------------|--|--|-----------------------|------------------------|---------------------------------|--|
| TITLE                        | MGRM                       | <input checked="" type="checkbox"/> Delete |  | TITLE                 | MGRM                   | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME                         | Culbertson, M. Warren      |  |  | NAME                  | Stalnakar, Todd D.     |                                 |  |
| STREET ADDRESS               | 6350 North Pensacola Blvd. |  |  | STREET ADDRESS        | 105 Cypress Point East |                                 |  |
| CITY - ST - ZIP              | Pensacola, FL 32505        |  |  | CITY - ST - ZIP       | Pensacola, FL 32504    |                                 |  |
| TITLE                        | MGRM                       | <input type="checkbox"/> Delete            |  | TITLE                 |                        | <input type="checkbox"/> Change | <input type="checkbox"/> Addition            |
| NAME                         | Stalnakar, B.L.            |  |  | NAME                  |                        |                                 |  |
| STREET ADDRESS               | 1701 W. 9 1/2 Mile Road    |  |  | STREET ADDRESS        |                        |                                 |  |
| CITY - ST - ZIP              | Cantonment, FL 32533       |  |  | CITY - ST - ZIP       |                        |                                 |  |
| TITLE                        |                            | <input type="checkbox"/> Delete            |  | TITLE                 |                        | <input type="checkbox"/> Change | <input type="checkbox"/> Addition            |
| NAME                         |                            |  |  | NAME                  |                        |                                 |  |
| STREET ADDRESS               |                            |  |  | STREET ADDRESS        |                        |                                 |  |
| CITY - ST - ZIP              |                            |  |  | CITY - ST - ZIP       |                        |                                 |  |
| TITLE                        |                            | <input type="checkbox"/> Delete            |  | TITLE                 |                        | <input type="checkbox"/> Change | <input type="checkbox"/> Addition            |
| NAME                         |                            |  |  | NAME                  |                        |                                 |  |
| STREET ADDRESS               |                            |  |  | STREET ADDRESS        |                        |                                 |  |
| CITY - ST - ZIP              |                            |  |  | CITY - ST - ZIP       |                        |                                 |  |
| TITLE                        |                            | <input type="checkbox"/> Delete            |  | TITLE                 |                        | <input type="checkbox"/> Change | <input type="checkbox"/> Addition            |
| NAME                         |                            |  |  | NAME                  |                        |                                 |  |
| STREET ADDRESS               |                            |  |  | STREET ADDRESS        |                        |                                 |  |
| CITY - ST - ZIP              |                            |  |  | CITY - ST - ZIP       |                        |                                 |  |

000004336430  
-05/31/01--01076--012  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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]* **5-01-01 (89) 4767280** **EXT. 11**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)