

2000 UNIFORM BUSINESS REPORT (UBR)

0010263 AF

DOCUMENT # L99000003654

1. Entity Name
BLUEPRINTS OF GRAYTON L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -9 AM 11:24



DO NOT WRITE IN THIS SPACE

Principal Place of Business
110 LOGAN LANE, SUITE 2
SANTA ROSA BEACH FL 32459

Mailing Address
110 LOGAN LANE, SUITE 2
SANTA ROSA BEACH FL 32459-5702

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
59-3583007

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

BREAUX, JOHN MARK
110 LOGAN LANE, SUITE 2
SANTA ROSA BEACH FL 32459

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
MGRM BREAUX, JOHN MARK
STREET ADDRESS 159 GRAYTON TRAILS ROAD
CITY- ST- ZIP GRAYTON BEACH FL 32459 ☐ Delete

TITLE NAME
500003140625--4
STREET ADDRESS -02/21/00--01013--012
CITY- ST- ZIP *****50.00 *****50.00 ☐ Change ☐ Addition

TITLE NAME
MGRM BREAUX, MELISSA
STREET ADDRESS 159 GRAYTON TRAILS ROAD
CITY- ST- ZIP GRAYTON BEACH FL 32459 ☒ Delete

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP *mf 2/16/00* ☐ 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

2/4/00 850-231-1248
Date Daytime Phone #

CR2E083 (9/99)