

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90163 029 \*\*\*\*50.00

**DOCUMENT # L99000003874**

1. Entity Name

**PENSACOLA REALTY INVESTMENTS, L.L.C.**

Principal Place of Business

**6565 NORTH "W" STREET, SUITE 260  
PENSACOLA FL 32505**

Mailing Address

**6565 NORTH "W" STREET, SUITE 260  
PENSACOLA FL 32505**

2. Principal Place of Business

**120 E. MAIN ST.**

3. Mailing Address

**120 E. MAIN ST.**

Suite, Apt. #, etc.

**SUITE A**

Suite, Apt. #, etc.

**SUITE A**

City & State

**PENSACOLA FL**

City & State

**PENSACOLA FL**

Zip

**32501**

Country

**USA**

Zip

**32501**

Country

**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-3597410**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**NASH, NEAL B**

**~~6565 NORTH "W" STREET, SUITE 260~~ 120 E. MAIN ST.  
PENSACOLA FL 32505 32501 SUITE A**

7. Name and Address of New Registered Agent

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

TITLE **MGRM** ☐ Delete  
NAME **NASH, NEAL B**  
STREET ADDRESS **6565 NORTH "W" STREET, SUITE 260**  
CITY-ST-ZIP **PENSACOLA FL 32505**

TITLE **MGRM** ☐ Delete  
NAME **GREEN, MICHAEL E**  
STREET ADDRESS **6565 NORTH "W" STREET, SUITE 260**  
CITY-ST-ZIP **PENSACOLA FL 32505**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **120 E. MAIN ST., SUITE A**  
CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **120 E. MAIN ST., SUITE A**  
CITY-ST-ZIP **PENSACOLA FL 32501**

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

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

TITLE ☐ Change ☐ Addition  
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)(l), 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

**NEAL NASH**

**4-4-02**

**850-429-8640**

Date

Daytime Phone #

CR2E083 (9/01)