

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005420

1. Entity Name

PRESCOTT SUPPLY COMPANY, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR -1 AM 11:18

Principal Place of Business

1219 WEST THARPE STREET
TALLAHASSEE FL 32304

Mailing Address

1219 WEST THARPE STREET
TALLAHASSEE FL 32303-4607



2. Principal Place of Business

3. Mailing Address

P.O. Box 4164

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3596842

Applied For

Not Applicable

Zip

Country

Zip

32315

Country

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PRESCOTT, JAMES T
1219 WEST THARPE STREET
TALLAHASSEE FL 32304

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

3/14/00

9. MANAGING MEMBERS/MEMBERS

TITLE MGR
NAME PRESCOTT, JAMES T
STREET ADDRESS 1219 WEST THARPE STREET
CITY-ST-ZIP TALLAHASSEE FL 32304 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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



PAID

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*****55.00 *****55.00

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

2-18-00

Date

504-9800

Daytime Phone #

CR2E083 (9/99)