

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 18, 2002 8:00 am**  
**Secretary of State**

03-18-2002 90180 037 \*\*\*\*50.00

**DOCUMENT # L99000005758**

1. Entity Name

**PORT-A-POTTERY, LLC**

Principal Place of Business

**1626 S. DELANEY AVENUE  
 ORLANDO FL 32806**

Mailing Address

**P.O. BOX 561135  
 ORLANDO FL 32856-1135**

2. Principal Place of Business

**787 N. ALAFAYA TR**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**ORLANDO FL**

City & State

4. FEI Number

**59-6000896**

Applied For

Not Applicable

Zip

**32828**

Country

**USA**

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**LOUDON, LINDA  
 1626 S. DELANEY AVENUE  
 ORLANDO FL 32806**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**9946 ALOMA BEND LANE**

City

**Orlando**

FL

Zip Code

**32765**

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 **Linda Loudon**

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

(NOTE: Registered Agent signature required when reinstating)

**1/30/02**

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Department of State  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete  
 NAME **LOUDON, LINDA**  
 STREET ADDRESS **1626 S. DELANEY AVENUE**  
 CITY-ST-ZIP **ORLANDO FL 32806**

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

TITLE **MGRM** ☐ Delete  
 NAME **STEWART, MARY ELLEN**  
 STREET ADDRESS **1626 S. DELANEY AVENUE**  
 CITY-ST-ZIP **ORLANDO FL 32806**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 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: **Mary Ellen Stewart** **MARY ELLEN STEWART** **1/30/02 4072497959**

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

Date

Daytime Phone #

CR2E083 (9/01)