

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005955

1. Entity Name

PENSACOLA CAPITAL, L.L.C.

Principal Place of Business

17 WEST CEDAR STREET, STE 3
PENSACOLA FL 32501

Mailing Address

17 WEST CEDAR STREET, STE 3
PENSACOLA FL 32501-5988

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

59-3608277

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

CARR, JOHN S
17 WEST CEDAR STREET
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

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 ☐ Delete
MGR
JOHN S CARR & ASSOCIATES INC
STREET ADDRESS 17 W CEDAR STREET, STE 3
CITY- ST- ZIP PENSACOLA FL

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

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

TITLE NAME ☐ Change ☐ Addition
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)(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:

John S Carr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

John S. Carr 4/22/00 (850) 434-2244

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

RECEIVED
AND
FILED

00 MAY -16 PM 12:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E083 (9/99)