2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9900005955

1. Entity Name
PENSACOLA CAPITAL, L.L.C.

Principal Place of Business

Mailing Address

17 WEST CEDAR STREET. STE 3

OD MAY -I. PHI2: 09

SECRETARY OF STATE
TOLLAHASSEE, FLOHIDA

17 WEST CEDAR STREET. STE 3 PENSACOLA FL 32501		17 WEST CEDAR STREET. STE 3 PENSACOLA FL 32501-5988					111 8818 1 8111 3 48481	0 11 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	•							
2. Principal Place of Business		3. Mailing Address			'	I KRUNING I BIN I NITE NUME WATER BATER WATER AND	IZI WUJEI BIIZE IBIUI	OIANI NIIK IOKI
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State			l l	4. FEI Number Applied For 59-3608277 Not Applied		plied For t Applicable
Zip	Country	Zip	Coun	try		5. Certificate of Status Desired Specificate of Status Desired Fee Required		litional d
	6. Name and Address of Current	Registered Agent		7. Name	7. Name and Address of New Registered Agent			
				Name				
CARR, JO	•	Street Addre		ess (P.O. Box N	s (P.O. Box Number is Not Acceptable)			
	CEDAR STREET					<u></u>		
PENSACO					<u> </u>	- 7:- Oad		
				City		F	Zip Cod	e
8. The above	named entity submits this statement fo	r the purpose of changing it	s registere	ed office or reg	istered agent, o	or both, in the State of Florida.		
						•		
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NO	TE: Registere	d Agent signature re	quired when reinstatu	ng) DATE		
				FEE IS \$50.				
		Make Check P	ayable t	o Deparamei	it of State			
9.	MANAGING MEMBI	ERS/MEMBERS	10.			ADDITIONS/CHANG	ES _	
TITLE	MGR	☐ Delete	TITL	E			Change	Addition
NAME .	JOHN S CARR & ASSOCIATES I	NC	NAM	· I				
STREET ADDRESS CITY-ST-ZIP	17 W CEDAR STREET, STE 3 PENSACOLA FL			EET ADDRESS - ST-ZIP	•			
TITLE	PENSACULA FL	Delets	TITL				☐ Change	Addition
NAME			NAM					_
STREET ADDRESS				EET ADDRESS				
CITY- ST- ZIP			CITY	- \$1 - ZIP				
TITLE		Delinto	TITL	1	•	700003269 05/30/00		Addition
NAME STREET ADDRESS			NAM Stre	EET AODRESS		-05/30/000 *****50.00	(∐	りつ
CITY-87-ZLP			CITY	'- 8T-ZIP		***************************************	क क क क क क _े	J. UU
TITLE		☐ Deleta	TITL	E			Change	Addition
MAME	,		NAM	- 1				
STREET ADDRESS				EET ADDRESS -ST-ZIP				
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		TITL				Change	Addition
TITLE NAME		Delete	NAM					
STREET ADDRESS			818	EET ADDRESS				
CITY- ST- ZIP			CITY	- 8T- ZIP				
TITLE		Delete	TITL	E			☐ Change	Addition
NAME			HAM					
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS ST-ZIP				
	partify that the information supplied with	this filing does not qualify for			in Section 119 (07(3)(i) Florida Statutes I further o	certify that the in	nformation

1.1 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 immitted liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

LAW STEATHREQUIRED

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

Date

Daytime Phone #