

# 2000 UNIFORM BUSINESS REPORT (UBR)

0012146 AF

DOCUMENT # L99000006366

1. Entity Name  
TIME AND SPACE PARTNER, LLC

Principal Place of Business  
1211 RAINBOW AVENUE  
PENSACOLA FL 32505

Mailing Address  
1211 RAINBOW AVENUE  
PENSACOLA FL 32505-2112

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

59-3614035

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

CROWLEY, J. TRENT  
1211 RAINBOW AVENUE  
PENSACOLA FL 32505

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  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
DYE, KIP H  
1211 RAINBOW AVENUE  
PENSACOLA FL 32505

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
9000003459379--9  
-11/09/00-0100-014  
\*\*\*\*150.00 \*\*\*\*150.00

☐ Change

☐ Addition

TITLE  
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CITY - ST - ZIP

☐ Change

☐ Addition

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: X

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

KIP H. DYE

Date

Daytime Phone #

x10/1/2000

x850-457-0110

CR2E083 (9/99)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 27 PM 11:02

REINSTATEMENT 2000



DO NOT WRITE IN THIS SPACE