

2002-UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006443

1. Entity Name

COBBLESTONE, LLC

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90209 045 ****50.00

Principal Place of Business

8716 COBBLESTONE DRIVE
TAMPA FL 33615

Mailing Address

8716 COBBLESTONE DRIVE
TAMPA FL 33615

965903

2. Principal Place of Business

909 3RD STREET EAST

3. Mailing Address

909 3RD STREET EAST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALMETTO, FL

City & State

PALMETTO, FL

Zip

34221

Country

USA

Zip

34221

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3603297

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HINES, JAMES P ESQ.
HINES NORMAN & ASSOCIATES, P.L.
315 SOUTH HYDE PARK AVENUE
TAMPA FL 33606

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
GILLIS, JOHN T
8716 COBBLESTONE DR.
TAMPA FL 33615 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
GILLIS, PATRICIA A
8716 COBBLESTONE DRIVE
TAMPA FL 33615 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
909 3RD STREET EAST
PALMETTO, FL 34221

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
909 3RD STREET EAST
PALMETTO, FL 34221

TITLE
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☐ Change ☐ Addition

CR2E083 (9/01)

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:

Patricia A. Gillis

PATRICIA A. GILLIS

5/1/02

813-885-4578

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

Date

Daytime Phone #