

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

1. Entity Name

L 99000006553

Check-O-Mat, Emerald Coast, LLC

FILED

01 JUL -2 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

235 N Tyndall Pkwy
Callaway, FL 32404

Mailing Address

235 N Tyndall Pkwy
Callaway, FL 32404

2. Principal Place of Business

235 N Tyndall Pkwy

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-3602486

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

Harding, E. Scott
120 Chiefs' Way Suite#1
Pensacola, FL 32507

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.

No changes

SIGNATURE

E. Scott Harding

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

(NOTE: Registered Agent signature required when reinstating)

DATE

6/28/01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE MGR
NAME Krawchuck, William
STREET ADDRESS 415 A Mary Esther CTO
CITY-ST-ZIP FT Walton, FL 32548 ☐ Delete

TITLE MGR
NAME Krawchuck, Barbara A
STREET ADDRESS 415 A Mary Esther CTO
CITY-ST-ZIP FT Walton, FL 32548 ☐ Delete

TITLE MGR
NAME Harding, Amy
STREET ADDRESS 120 CHIEFS' Way Suite#1
CITY-ST-ZIP Pensacola, FL 32507 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
800004475498--6
-07/13/01--01106--012 L
*****50.00 *****50.00

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

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

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

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

TITLE
NAME
STREET ADDRESS
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:

E. Scott Harding

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

Date

6/28/01

Daytime Phone #

850 785 0522

CR2E083 (11/00)