## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006613 1. Entity Name 00 JUL 19 AM 9:32 EMPIRE PARTNERS, L.L.C. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 192 NORTH PALAFOX STREET 192 NORTH PALAFOX STREET PENSACOLA FL 32501 PENSACOLA FL 32501 3. Mailing Address 2. Principal Place of Business 226 S. PALAFOX Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE UITE 600 Applied For City & State 9-360469 13 NSACOLA Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Name MERRILL, BURNEY H Street Address (P.O. Box Number is Not Acceptable) 192 NORTH PALAFOX STREET PENSACOLA FL 32501 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 -07/25/00--01044--020 Make Check Payable to Department of State \*\*\*\*\*50.00 \*\*\*\*50.00 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE Change ☐ Addition TITLE MGR Delete MERRILL, WILLIS C III NAME NAME 226 S. PALAFOX ST STREET ADDRESS STREET ADDRESS 192 NORTH PALAFOX STREET CITY-ST-ZIP CITY-ST-7IP PENSACOLA FL 32501 TITLE ☐ Addition TITLE ☐ Delete NAME MERRILL, BURNEY H NAME STREET ADDRESS 192 NORTH PALAFOX STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32501 ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME MERRILL, COLLIER STREET ADDRESS 192 NORTH PALAFOX STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32501 ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [7] Change TITLE ☐ Addition TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

850-478-0953

APPROVED

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

**SIGNATURE**