

# 2000 UNIFORM BUSINESS REPORT (UBR)

L99000008721

## DOCUMENT #

1. Entity Name

CHEVAL VENTURES, LLC

FILED

00 MAR 23 PM 1:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

31 N. NAVY BLVD.

PENSACOLA FL 32507

2. Principal Place of Business

3. Mailing Address

321 S 61st Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PENSACOLA FL 32506

City & State

Zip

32506

Country

USA

Zip

Country

4. FEI Number

593613193

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

VALARIE WEBSTER

7828 CORONET DR.

PENSACOLA FL. 32507

7. Name and Address of New Registered Agent

Name

MARSHA MARTELLI

Street Address (P.O. Box Number is Not Acceptable)

321 S 61st AVE

City

PENSACOLA

FL

Zip Code

32506

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 MARSHA MARTELLI

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Marsha J Martelli - Registered Agent 3-17-2000

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MANAGING MEMBER ☐ Delete

NAME JOHN D. MARTELLI  
STREET ADDRESS 321 S 61st AVE  
CITY-ST-ZIP PENSACOLA FL 32506

TITLE MANAGING MEMBER ☐ Delete

NAME MARSHA MARTELLI  
STREET ADDRESS 321 S 61st AVE  
CITY-ST-ZIP PENSACOLA FL 32507

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

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TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

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.

SIGNATURE:

Marsha Martelli

MARSHA MARTELLI

3-17-2000 (850) 455-2097

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

Date

Daytime Phone #

CR2E083 (11/99)