

# 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.  
City & State PENSACOLA FL 32506  
Zip 32506 Country USA

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 *Marsha J Martelli Registered Agent* 3-17-2000  
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER <input type="checkbox"/> Delete JOHN D. MARTELLI 321 S 61st AVE PENSACOLA FL 32506
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER <input type="checkbox"/> Delete MARSHA MARTELLI 321 S 61st AVE PENSACOLA FL 32507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300003198113--4 -04/06/00--01038--015 *****55.00 *****55.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition gl
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *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)