

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008750

1. Entity Name
P.M.B. 125, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 AUG 18 AM 10:02

Principal Place of Business

12179 S. APOPKA VINELAND ROAD
ORLANDO FL 32836

Mailing Address

12179 S. APOPKA VINELAND ROAD
ORLANDO FL 32836

2. Principal Place of Business

12179 S. Apopka Vineland

3. Mailing Address

12179 S. Apopka Vineland

Suite, Apt. #, etc.

125

Suite, Apt. #, etc.

125

City & State

Orlando, Fla.

City & State

Orlando, Fla.

4. FEI Number

58-25018464

Applied For

Not Applicable

Zip

Country

32836 OSCORLA

Zip

Country

32836 OSCORLA

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GREGG, ANNIE Manager
12179 S. APOPKA VINELAND ROAD
ORLANDO FL 32836

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 Annie Gregg Manager 7-26-06

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/MANAGERS

TITLE ~~President~~
NAME ANNIE GREGG
STREET ADDRESS 12179 S. Apopka Vineland
CITY-ST-ZIP ORLANDO, FLA. 32836

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
100003369911--6
-08/23/00--01086--001
*****55.00 *****55.00

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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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:

Annie Gregg Manager 7-26-06

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

Date

Daytime Phone #

CR2E083 (5/00)