

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 11, 2002 8:00 am
Secretary of State

07-11-2002 90246 003 ****55.00

DOCUMENT # L99000008750

1. Entity Name

P.M.B. 125, L.L.C.

Principal Place of Business

Mailing Address

**12179 S. APOPKA VINELAND ROAD, #125
 ORLANDO, FL 32836**

**12179 S. APOPKA VINELAND ROAD, #125
 ORLANDO, FL 32836**

2. Principal Place of Business

3. Mailing Address

12179 S. APOPKA VINELAND ROAD, #125

Suite, Apt. #, etc.

125

125

City & State
ORLANDO, FL

City & State

Zip

Country

Zip

Country

32836

ORLANDO

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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
 Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
 NAME **ANNIE GREGG**
 STREET ADDRESS **12179 S. APOPKA VINELAND ROAD, #125**
 CITY-ST-ZIP **ORLANDO FL 32836**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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: ANNIE GREGG

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

7-10-02 480-227-1158

Date

Daytime Phone #

CR2E083 (4/02)