

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000002318

1. Entity Name

MIX-A-LOTA-STUFF, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 SEP 26 PM 3:58

Principal Place of Business

7502 SANTA BARBARA DR
FT PIERCE FL 34951

Mailing Address

7502 SANTA BARBARA DR
FT PIERCE FL 34951

2. Principal Place of Business

4966 Sparkling Pine Circle
Suite, Apt. #, etc.

3. Mailing Address

4828 N. Kings Hwy
Suite, Apt. #, etc.
PMB #424

City & State

Fort Pierce Florida
34951 St Lucie

City & State

Fort Pierce Florida
34951 St Lucie

4. FEI Number

92-1799106
62-1830852

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHINN, BRENDA
7502 SANTA BARBARA DR
FT PIERCE FL 34951

7. Name and Address of New Registered Agent

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

4966 Sparkling Pines Circle
Fort Pierce Florida FL 34951

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

Brenda Chinn

(NOTE: Registered Agent signature required when reinstating)

DATE

9-21-01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By September 26, 2001

200004616692--0

-09/28/01--01060--019

*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME CHINN, BRENDA
STREET ADDRESS 7502 SANTA BARBARA DR
CITY-ST-ZIP FT PIERCE FL 34951

☐ Delete

TITLE MGR
NAME CRIPPEN, DAVID
STREET ADDRESS 2950 OLEPIKE DR
CITY-ST-ZIP GERMANTOWN TN 38138

☐ Delete

TITLE MGR
NAME LYONS, ALFA
STREET ADDRESS 5609 CONIFER COVE
CITY-ST-ZIP MEMPHIS TN 38119

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE Brenda Chinn
NAME
STREET ADDRESS 4966 Sparkling Pine Circle
CITY-ST-ZIP Fort Pierce FL 34951

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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: Brenda Chinn

SIGNATURE REQUIRED

9-21-01

727-365-7328

561-468-4688

STAPLE CHECK HERE

CR2E083 (5/01)

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