

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**  
 05-22-2002 90265 011 \*\*\*\*50.00

**DOCUMENT # M00000002318**

1. Entity Name  
**MIX-A-LOTA-STUFF, L.L.C.**

Principal Place of Business  
**4966 SPARKLING PINE CIRCLE**  
**FT PIERCE FL 34951**

Mailing Address  
**4828 N. KINGS HWY., PMB #424**  
**FORT PIERCE FL 34951**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **62-1830852**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHINN, BRENDA**  
**4966 SPARKLING PINES CIR.**  
**FT PIERCE FL 34951**

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

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 May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**MGR**  
**CHINN, BRENDA**  
**4966 SPARKLING PINE CIR.**  
**FT PIERCE FL 34951**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**MGR**  
**CRIPPEN, DAVID**  
**2950 OLEPIKE DR**  
**GERMANTOWN TN 38138**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**MGR**  
**LYONS, ALFA**  
**5609 CONIFER COVE**  
**MEMPHIS TN 38119**

☐ Delete

TITLE  
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 CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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**

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

**4-30-02** **727-365-7328**  
**541-468-4688**

Date Daytime Phone #

CR2E083 (9/01)