

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State
 05-08-2002 90143 045 ****50.00

DOCUMENT # M01000000354

1. Entity Name
 PERCEVAL, LLC

Principal Place of Business

833 NELSON PARK DRIVE
 LONGMONT CO 80503

Mailing Address

833 NELSON PARK DRIVE
 LONGMONT CO 80503

2. Principal Place of Business

4600 LIPSCOMB ST

Suite, Apt. #, etc.

3. Mailing Address

PO BOX 95

Suite, Apt. #, etc.

City & State

PALM BAY FL

Zip 32905

Country USA

City & State

JAMESTOWN, CO

Zip 80455

Country USA

4. FEI Number

84-1539568

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

VAN DEVENTER, MICHAEL
 4600 LIPSCOMB ST. NE
 PALM BAY FL 32905

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

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

TITLE MGR ☐ Delete
NAME OLSEA, MARK
STREET ADDRESS 1243 SHERMAN DRIVE
CITY-ST-ZIP LONGMONT CA 80501

TITLE MGR ☒ Delete
NAME OLSEA, BARBARA
STREET ADDRESS 1243 SHERMAN DRIVE
CITY-ST-ZIP LONGMONT CA 80501

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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:

SIGNATURE REQUIRED

4/25/02

516-982-2694

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

Date

Daytime Phone #

CR2E083 (9/01)