

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90081 022 ****50.00

DOCUMENT # M01000001353

1. Entity Name

SOUTHPORT SALVAGE & PAWN, LLC

Principal Place of Business

**7000 HIGHWAY 77
 SOUTHPORT, FL 32409**

Mailing Address

**7000 HIGHWAY 77
 SOUTHPORT FL 32409**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

91-2115536

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**POWELL, GLENN M
 7000 HIGHWAY 77
 SOUTHPORT FL 32409**

7. Name and Address of New Registered Agent

Name

Derrick Bennett, Esq.

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

112 East Third Court

City **Panama City**

FL

Zip Code **32401**

8. The above named entry 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 **MGRM** ☒ Delete
 NAME **POWELL, GLENN M**
 STREET ADDRESS **7000 HIGHWAY 77**
 CITY-ST-ZIP **SOUTHPORT FL 32409**

TITLE **MGRM** ☐ Delete
 NAME **POWELL, LINDA R**
 STREET ADDRESS **7000 HIGHWAY 77**
 CITY-ST-ZIP **SOUTHPORT FL 32409**

TITLE **MGRM** ☒ Delete
 NAME **EMANUEL, CHARLES A**
 STREET ADDRESS **7000 HIGHWAY 77**
 CITY-ST-ZIP **SOUTHPORT FL 32409**

TITLE **MGRM** ☐ Delete
 NAME **CALUSA CONSTRUCTION INC.**
 STREET ADDRESS **7000 HIGHWAY 77**
 CITY-ST-ZIP **SOUTHPORT FL 32409**

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
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 STREET ADDRESS
 CITY-ST-ZIP

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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]

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

Date

Daytime Phone #

CR2E083 (9/01)