

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M97000000246

1. Entity Name
CRESTVIEW MARKETPLACE, L.L.C.

APPROVED
AND
FILED

01 APR 27 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
51 TACON STREET, SUITE B
MOBILE AL 36607

Mailing Address
2525 BELL ROAD
MONTGOMERY AL 36117



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address
51 TACON STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE B

City & State

City & State
MOBILE, AL

4. FEI Number 63-1181310

Applied For
Not Applicable

Zip

Country

Zip

36607

Country

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

GEORGE, KERMIT
114 CEDAR AVENUE
CRESTVIEW FL 32536

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.

(NOT) Registered Agent signature required when reinstating

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM TROTMAN, CHARLES R ☐ Delete
STREET ADDRESS 2525 BELL ROAD
CITY-ST-ZIP MOBILE AL 36117

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

TITLE NAME MGRM FOSHEE, J. DAVID ☐ Delete
STREET ADDRESS 51 TACON STREET, SUITE B
CITY-ST-ZIP MOBILE AL 36607

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-24-01 334/471-5352

0028751 AF

CR2E083 (11/00)