

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90171 023 ****50.00

DOCUMENT # M99000000561

1. Entity Name

BUSINESS PARKWAY PROPERTIES, LLC

Principal Place of Business

**1830 CHERRY ST.
 ST. PETERSBURG FL 33704**

Mailing Address

**1830 CHERRY ST.
 ST. PETERSBURG FL 33704**

344040



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-2159528

Applied For

Not Applicable

Zip

Country

Zip

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

**CECIL, ROGER F
 1830 CHERRY ST.
 ST. PETERSBURG FL 33704**

Name *new address:*

Street Address (P.O. Box Number is Not Acceptable)
155 Beach Ave # 6

City *Redington Shores* **FL** Zip Code **33708**

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

Linda H. Cecil

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/4/02

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 **MGRM** ☐ Delete
 NAME **CECIL, ROGER F**
 STREET ADDRESS **1830 CHERRY ST.**
 CITY-ST-ZIP **ST. PETERSBURG FL 33704**

TITLE ☐ Change ☐ Addition
 NAME *Roger and Linda Cecil*
 STREET ADDRESS *155 Beach Ave. #6*
 CITY-ST-ZIP *Redington Shores, FL 33708*
address change only

TITLE **MGRM** ☐ Delete
 NAME **CECIL, LINDA H**
 STREET ADDRESS **1830 CHERRY ST.**
 CITY-ST-ZIP **ST. PETERSBURG FL 33704**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

Linda H. Cecil

2/4/02

Date

Daytime Phone #

727-688

5913

CR2E083 (9/01)