

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000000735

1. Entity Name

PRD-PENSACOLA, LLC

FILED

00 JAN 14 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2165 WILLIVEE PLACE
DECATUR GA 30033

Mailing Address

2165 WILLIVEE PLACE
DECATUR GA 30033-4113



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

58-2443190

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
MORTON, JAMES E III
2165 WILLIVEE PLACE
DECATUR GA 30033 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
ROSS, THOMAS B
7271 WARRENTON ROAD
GUNTERVILLE AL 35976 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
9000003105876-0121/00-01013-016
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE
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CITY- ST- ZIP
☐ 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:

James E. Morton III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

JAMES E. MORTON, III 1/12/00 636-2244
Date Daytime Phone #