

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90081 040 ****50.00

DOCUMENT # M99000001748

1. Entity Name

SHIPWATCH BY THE SEA, A LIMITED LIABILITY COMPAN
Y

Principal Place of Business

5401 JACKSON STREET
ALEXANDRIA LA 71303

Mailing Address

5401 JACKSON STREET
ALEXANDRIA LA 71303

2. Principal Place of Business

5501 JACKSON STREET

3. Mailing Address

5501 JACKSON STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ALEXANDRIA, LA

City & State

ALEXANDRIA, LA

Zip

71303

Country

Zip

71303

Country

4. FEI Number

62-1798996

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DECKER, DIANE M
35000 EMERALD COAST PARKWAY
DESTIN FL 32541

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

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, DONALD P JR.	NAME	
STREET ADDRESS	5401 JACKSON STREET	STREET ADDRESS	
CITY-ST-ZIP	ALEXANDRIA LA 71303	CITY-ST-ZIP	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, CHARLES N II	NAME	
STREET ADDRESS	5401 JACKSON STREET	STREET ADDRESS	
CITY-ST-ZIP	ALEXANDRIA LA 71303	CITY-ST-ZIP	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, FREDERICK L	NAME	
STREET ADDRESS	5401 JACKSON STREET	STREET ADDRESS	
CITY-ST-ZIP	ALEXANDRIA LA 71303	CITY-ST-ZIP	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE HAYES, PAULA E	NAME	
STREET ADDRESS	5401 JACKSON STREET	STREET ADDRESS	
CITY-ST-ZIP	ALEXANDRIA LA 71303	CITY-ST-ZIP	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE JOHNSON, MARTHA A	NAME	
STREET ADDRESS	5401 JACKSON STREET	STREET ADDRESS	
CITY-ST-ZIP	ALEXANDRIA LA 71303	CITY-ST-ZIP	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE MANAGEMENT SERVICE, AN LLP	NAME	
STREET ADDRESS	5401 JACKSON STREET	STREET ADDRESS	
CITY-ST-ZIP	ALEXANDRIA LA 71303	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: DAVID WHITE **REQUIRED**

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

4-2-02

Date

Daytime Phone #

CR2E083 (9/01)