

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001990

1. Entity Name

SCOTT L. MCELMURRY LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 AUG 14 AM 10:02

Principal Place of Business

4016 CRESTWOOD DR.  
VALRICO FL 33594

Mailing Address

4016 CRESTWOOD DR.  
VALRICO FL 33594

2. Principal Place of Business

5256 County Line Rd.  
Suite, Apt. #, etc.

3. Mailing Address

5256 County Line Rd.  
Suite, Apt. #, etc.

City & State

LAKEland FL

City & State

LAKEland, FL

4. FEI Number

59-3604413

Applied For

Not Applicable

Zip  
33811

Country

POIK

Zip

33811

Country

POIK

5. Certificate of Status Desired

X

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MCELMURRY, SCOTT L  
4016 CRESTWOOD DR.  
VALRICO FL 33594

7. Name and Address of New Registered Agent

Name Scott L. McElmurry

Street Address (P.O. Box Number is Not Acceptable)  
5256 County Line Rd

City LAKEland

FL

Zip Code 33811

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]*

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

(NOTE: Registered Agent signature required when reinstating)

Scott L. McElmurry, Mgr. 7-31-00

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME MCELMURRY, SCOTT L  
STREET ADDRESS 4016 CRESTWOOD DR.  
CITY-ST-ZIP VALRICO FL 33594 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGR ☒ Change ☐ Addition  
NAME Scott L. McElmurry  
STREET ADDRESS 5256 County Line Rd  
CITY-ST-ZIP LAKEland, FL 33811

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
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:

~~SIGNATURE REQUIRED~~

Scott L. McElmurry 7-31-00 863-644-4848

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (5/00)