2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000001333 ILLUM, CLAYTON & ELLIOTT INVESTMENTS, LLC

Principal Place of Business 3884 PROGRESS AVENUE NAPLES FL 34104

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

Mailing Address

3884 PROGRESS AVENUE NAPLES FL 34104

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1141764 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PAULICH, JOHN III Street Address (P.O. Box Number is Not Acceptable) 801 ANCHOR RODE DRIVE, SUITE 203 NAPLES FL 34103 City Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 TITLE Change ☐ Addition NAME CLAYTON, GUY C NAME STREET ADDRESS 1578 HEIGHTS COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MARCO ISLAND FL 34145 TITLE **MGRM** ☐ Delete TITLE ☐ Change ☐ Addition NAME ILLUM-ELLIOTT INVESTMENTS, LLC NAME STREET ADDRESS 3884 PROGRESS AVENUE STREET ADDRESS CITY-ST-7IP NAPLES FL 34104 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Delete

4-19-02 (941) 643-5755

FILED

05-07-2002 90391 046 ****50.00

May 07, 2002 8:00 am Secretary of State

956065

☐ Change

Change

Addition

☐ Addition