

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED

03 MAR 21 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000005026

1. Entity Name

DELBERT OUSLEY, LLC



Principal Place of Business

5374 COLONNADE CT.
CAPE CORAL FL 33904

Mailing Address

5374 COLONNADE CT.
CAPE CORAL FL 33904

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

61-1407942

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

OUSLEY, DELBERT
5374 COLONNADE CT.
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

Name

Delbert Dusley

Street Address (P.O. Box Number is Not Acceptable)

600 North Yachtman

City

Sanibel, FL

FL

Zip Code

33957

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, in ink or printed name of registered agent and sign applicable.

(NOTE: Registered Agent signature required when reinstating)

1/3/03

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP
Deibert Dusley MGR ☐ Delete
Same as above
MGRTITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DeleteTITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DeleteTITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DeleteTITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DeleteTITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DeleteTITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ AdditionTITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ AdditionTITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ AdditionTITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ AdditionTITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ AdditionTITLE 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/3/03

Date

239-945-4094

Daytime Phone #

CR2E083 (10/02)