

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90136 004 ****50.00

DOCUMENT # L99000000318

1. Entity Name
BLACK MANGROVE, LLC

Principal Place of Business
**400 5TH AVENUE SOUTH, SUITE 302
 NAPLES FL 34102**

Mailing Address
**400 5TH AVENUE SOUTH, SUITE 302
 NAPLES FL 34102**

2. Principal Place of Business
3940 Prospect Avenue
 Suite, Apt. #, etc.
#102

3. Mailing Address
3940 Prospect Avenue
 Suite, Apt. #, etc.
#102

City & State
Naples FL

City & State
Naples FL

4. FEI Number **59-3552133**

Applied For
 Not Applicable

Zip **34104** Country **USA**

Zip **34104** Country **USA**

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**CLASP INC
 % CUMMINGS & LOCKWOOD
 3001 TAMiami TRAIL NORTH 4TH FLOOR
 NAPLES FL 34103**

7. Name and Address of New Registered Agent

Name **Chad N. Ott**
 Street Address (P.O. Box Number is Not Acceptable)
3940 Prospect Avenue #102
 City **Naples** FL **34104**

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 **Chad N. Ott** **Chad N. Ott** **04/16/02**
 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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
MGRM	OTT, CHAD N	400 5TH AVENUE SOUTH, SUITE 302	NAPLES FL 34102	<input type="checkbox"/>
MGRM	OTT, R. CHRISTOPHER	2700 TREASURE LANE	NAPLES FL 34102	<input type="checkbox"/>
MGRM	OTT, BARRETT C	3734 RACHEL LANE	NAPLES FL 34103	<input type="checkbox"/>
MGRM	OTT, SPENCER V	6727 WOODLAND DRIVE	DALLAS TX 75226	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		3940 Prospect Avenue #102	Naples, FL 34104	<input checked="" type="checkbox"/>
		3940 Prospect Avenue #102	Naples, FL 34104	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
		3708 Cresthaven Terrace	Fort Worth, TX 76107	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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: **Chad N. Ott** **Chad N. Ott** **04/16/02** **403-7335**
 Signature, typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #

0015634

CR2E083 (9/01)