2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000000590

1. Entity Name
CAPE AEROSPACE, L.L.C.

FILED
00 JAN 19 AM 11:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1006 SOUTH EAST 9TH STREET CAPE CORAL FL 33990	1006 SOUTH EAST 9TH STREET CAPE CORAL FL 33990-6219

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Cape Aerospace LLC	Cape Aerospace LLC
Suite, Apt. #, etc.: 1006 S.E 9th Street	Suite, Apt. #, etc.: 1006 S.E. 9th Street
City & State: Cape Coral, FL	City & State: Cape Coral, FL.
Zip: 33990 Country:	Zip: 33990 Country:

4. FEI Number 65-0833536 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NETHERCOT, DAVID C 1832 IMPERIAL GOLF COURSE BLVD. NAPLES FL 34110	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 David C Nethercot
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

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM NETHERCOT, DAVID C 1832 IMPERIAL GOLF COURSE BLVD. NAPLES FL 34110	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	100003118101--8 -02/01/00--01056--012 *****55.00 *****55.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ABRAMS, MARC O 927 SE 23RD STREET CAPE CORAL FL 33990	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SUMNER, DENNIS L 223 SE 43RD LANE CAPE CORAL FL 33904	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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: David C Nethercot SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #