2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1. Entity Name	L0000	000068	2				-	F	ILED		•
VIETS BROTHERS, LLC							0	MAY -	Į P	5:46	
Principal Place of Business C/O ROBERT VIETS		Mailing Address C/O ROBERT VIETS				SECRETARY OF STATE TALLAHASSEE, FLORIDA					
4401 GULF SHORE BLVD NORTI NAPLES FL 34103	1	4401 GULF SH NAPLES FL 341		NORTH							
2. Principal Place of Business		3. Mailing Addre	988			· .		EE(II OPLI) DO	ili da isi bo s	II Bu iii Bu ii a d ii	#1 181(#)/81 1VV
Suite, Apt. #, etc.		Suite, Apt. #, etc.					DO	NOT WRIT	E IN THIS	SSPACE	
City & State	,	City & State				4. FEIN	lumber			 -	pplied For lot Applicabl
Zip Cou	ntry	Zip		Country		5. Certif	ficate of Status	Desired		\$5.00 Ac Fee Requir	
6. Name and A	ddress of Current R	legistered Agent				7. Name	and Address	of New Ro	egistered	i Agent	
				Na	me						
VIETS, ROBERT O 4401 GULF SHORE BLVD., NORTH				Str	eet Address	(P.O. Box N	umber is Not A	Acceptable)		
	, NOMITI										
NAPLES FL 34103										■ Zip Co	do
				Cit	у				F	L Zipoo	
											
8. The above named entity subm	its this statement for	the purpose of cha	anging its re	egistered off	ice or regist	ered agent, o	or both, in the	State of Flo	rida.		
				<u> </u>	<u>, 1</u>	ered agent, o	<u></u>	State of Floo	rida.	· · · · · · · · · · · · · · · · · · ·	
8. The above named entity subm SIGNATURE				<u> </u>	<u>, 1</u>		<u></u>	State of Flor			
		od title if applicable.	(NOT I	Registered Agent	signature requir	red when reinstati	<u></u>	State of Flo			
		od title if applicable.	(NOT I	Registered Agent	signature requir	red when reinstati	<u></u>	State of Floo			
SIGNATURESignature, typed or printed	name of registered agent an	nd title if applicable. Make C	(NOT I	Registered Agent	signature requir	red when reinstati	ng)	DDITIONS/	DATE CHANGE	S	
SIGNATURE Signature, typed or printed		nd title if applicable. Make C	FILE NOT	Registered Agent WIII FEE able to De	signature requir	red when reinstati	A	DDITIONS/	CHANGE	S	Addhio
SIGNATURE Signature, typed or printed	NANAGING MEMBER	Make C	(NOT :	Registered Agent W!!! FEE able to De 10. TITLE NAME	signature requir	red when reinstati	A	DDITIONS/ 104-	CHANGE	s 1 0 3 5 -0 1 4 1	-UI8
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