

2001 UNIFORM BUSINESS REPORT (UBR)

0008143 AF

DOCUMENT # L00000000960

1. Entity Name
FISHER ISLAND NET LLC

FILED

01 JAN 30 PM 3:08

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

% RICHARD BARTLEY
8044 FISHER ISLAND DRIVE
FISHER ISLAND FL 33109

Mailing Address

% RICHARD BARTLEY
8044 FISHER ISLAND DRIVE
FISHER ISLAND FL 33109

2. Principal Place of Business

40 RICHARD BARTLEY

3. Mailing Address

SAME

Suite, Apt. #, etc.

7234 FISHER ISLAND DR

Suite, Apt. #, etc.

City & State

FISHER ISLAND FL

City & State

Zip

33109

Country

USA

Country

4. FEI Number

65-098 3735

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARTLEY, RICHARD
8044 FISHER ISLAND DRIVE
FISHER ISLAND FL 33109

7. Name and Address of New Registered Agent

Name

RICHARD BARTLEY

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

7234 FISHER ISLAND DR

City

FISHER ISLAND FL

Zip Code

33109

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-21-01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

RICHARD BARTLEY MGR
7234 FISHER ISLAND DR
FISHER ISLAND FL 33109

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*****50.00 *****50.00

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

Date

Daytime Phone #

1-21-01

305

672-0077

CR2E083 (11/00)