

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L00000001850**

1. Entity Name
HUMISTON & MOORE, L.L.C.

FILED

01 JUL 30 AM 8:47

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business 10661 AIRPORT ROAD SUITE 14 NAPLES FL 34109	Mailing Address 10661 AIRPORT ROAD SUITE 14 NAPLES FL 34109
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5679 Strand Ct Suite, Apt. #, etc.	3. Mailing Address 5679 Strand Ct Suite, Apt. #, etc.
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City & State Naples FL	City & State Naples FL	4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 34110	Country USA	Zip 34110	Country USA

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

6. Name and Address of Current Registered Agent
**MOORE, BRETT D
10661 AIRPORT ROAD
SUITE 14
NAPLES FL 34109**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
5679 Strand Ct.
City **Naples** FL Zip Code **34110**

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 **Brett D. Moore** (NOTE: Registered Agent signature required when reinstating) DATE **7-26-01**

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001

100004513491--2
-08/03/01--01005--027
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUMISTON, KENNETH K 10661 AIRPORT ROAD SUITE 14 NAPLES FL 34109 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOORE, BRETT D 10661 AIRPORT ROAD SUITE 14 NAPLES FL 34109 <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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5679 Strand Court Naples FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5679 Strand Court Naples FL 34110
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

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 REQUIRED** DATE **7-26-01** DAYTIME PHONE # **941-594-2021**

CR2E083 (5/01)

STAPLE CHECK HERE