

2001 UNIFORM BUSINESS REPORT (UBR)

Reinstatement

APPROVE
AND
FILED

0007449

DOCUMENT # L00000002704

1. Entity Name
R & B SHERLOCK, L.L.C.

02 JUN 27 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

8231 BAY COLONY DRIVE
C/O G. BURTT HOLMES
NAPLES FL 34108

Mailing Address

8231 BAY COLONY DRIVE
C/O G. BURTT HOLMES
NAPLES FL 34108

REINSTATEMENT

2001-2002



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

WILSON, GEORGE A
821 5TH AVENUE SOUTH
NAPLES FL 34102

Name

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

City

300006110683-4
-07/01/02--01001--024
****200.00 ****200.00
FL 08

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

George A. Wilson

6/25/02

Signature, typed or printed name of registered agent and if not applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
HOLMES, G. BURTT
8231 BAY COLONY DRIVE
NAPLES FL 34108 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
HOLMES, RUTH W
8231 BAY COLONY DRIVE
NAPLES FL 34108 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300006110683-4
-07/01/02--01001--024
****200.00 ****200.00 ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Delete

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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:

GEORGE BURTT HOLMES

April 1 (941) 594-2020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (5/01)