

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000002968

1. Entity Name
STETSON INVESTMENTS, LLC

Principal Place of Business

6150 S.R. 70 EAST
BRADENTON FL 34203

Mailing Address

6150 S.R. 70 EAST
BRADENTON FL 34203

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

BELLE, MICHAEL J
2364 FRUITVILLE ROAD
SARASOTA FL 34237

4. FEI Number

05-0994512

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent

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

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

TITLE NAME
MANAGING MEMBER
ANTONIO F. UCCELLO
4744 SPINAKER DRIVE
BRADENTON, FL 34208

TITLE NAME
Delete

TITLE NAME
Delete

TITLE NAME
Delete

TITLE NAME
Delete

TITLE NAME
Delete

10. ADDITIONS/CHANGES

TITLE NAME
Delete

TITLE NAME
Delete

TITLE NAME
Delete

TITLE NAME
Delete

TITLE NAME
Delete

TITLE NAME
Delete

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 #

FILED
01 MAR 19 PM 1:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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