

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000003524

1. Entity Name
BERTRAM ENTERPRISES, L.L.C.

FILED
Aug 07, 2002 8:00 am
Secretary of State

08-07-2002 90171 025 ****50.00

872862



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

4435 DOVER COURT
UNIT 702
NAPLES FL 34105

4435 DOVER COURT
UNIT 702
NAPLES FL 34105

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

101 8th Street South

101 8th Street South

City & State

City & State

Naples, Florida

Naples, Florida

Zip 34102

Country

Zip 34102

Country

4. FEI Number 65-1010193

Applied For

Not Applicable

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

BERTRAM III, H. MORTON
4435 DOVER COURT, UNIT 702
NAPLES FL 34105

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. I am familiar with, and accept the obligations of registered agent.

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
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME BERTRAM, H MORTON MD
STREET ADDRESS 4435 DOVER COURT, UNIT 702
CITY-ST-ZIP NAPLES FL 34105 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 #

CR2E083 (4/02)