

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90214 014 ****50.00

DOCUMENT # L00000003524

1. Entity Name

BERTRAM ENTERPRISES, L.L.C.



Principal Place of Business

**101 8TH STREET SOUTH
NAPLES FL 34102**

Mailing Address

**101 8TH STREET SOUTH
NAPLES FL 34102**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1010193**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

4748 Turnstone Court

City

Naples

FL

Zip Code

34119

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 Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

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

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **4748 Turnstone Court**
CITY-ST-ZIP **Naples, Florida 34119**

TITLE ☐ Delete
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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]

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

Date

Daytime Phone #

CR2E083 (10/02)