

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000003827

1. Entity Name
AQUALANE VENTURE, LLC

FILED

01 FEB -9 PM 2:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
1923 TRADE CENTER WAY
C/O LONGO CONSTRUCTION AND DEVELOPMENT CO
NAPLES FL 34109

Mailing Address
1923 TRADE CENTER WAY
C/O LONGO CONSTRUCTION AND DEVELOPMENT CO
NAPLES FL 34109

2. Principal Place of Business
1881 Trade Center Way
Suite, Apt. #, etc.

3. Mailing Address
1881 Trade Center Way
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Naples, Florida
Zip
34109
Country
US

City & State
Naples, Florida
Zip
34109
Country
US

4. FEI Number
59-3637516
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
WOOD, DOUGLAS ESQ.
1000 TAMiami TRAIL NORTH
SUITE 201
NAPLES FL 34102

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

300003743473--2
-02/20/01--01081--017
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HARRISON, STEPHEN A 1923 TRADE CENTER WAY NAPLES FL 34109 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Dino J. Longo 1881 Trade Center Way Naples, FL 34109 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Dino J. Longo 2-6-01 941-574-4404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)