

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90118 050 ****50.00

DOCUMENT # L00000004263

1. Entity Name

N.D.C., L.L.C.



Principal Place of Business

Mailing Address

C/O EDWARD K. CHEFFY, ESQ.
821 5TH AVE. SOUTH #201
NAPLES FL 34102

C/O EDWARD K. CHEFFY, ESQ.
821 5TH AVE. SOUTH #201
NAPLES FL 34102

2. Principal Place of Business

3. Mailing Address

C/O PISTNER

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10 SEAGATE DR PH-1-N

City & State

City & State

NAPLES, FL

Zip

Country

Zip

34103-2469

Country

4. FEI Number

59-3640244

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

7. Name and Address of New Registered Agent

PISTNER ASSOCIATES, INC.
C/O EDWARD K. CHEFFY, ESQ.
821 5TH AVE. SOUTH #201
NAPLES FL 34102

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PISTNER ASSOCIATES, INC.
821 5TH AVE. SOUTH #201
NAPLES FL 34102 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
PISTNER, STEPHEN L
821 5TH AVE. SOUTH #201
NAPLES FL 34102 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CFO
PISTNER, PATRICIA J
821 5TH AVE. SOUTH #201
NAPLES FL 34102 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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☐ Delete

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

TITLE
NAME
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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
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.

Pistner Associates, Inc., Managing Member

SIGNATURE By:

Stephen L. Pistner

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

Stephen L. Pistner, President

4-7-03 239-263-6005

Date

Daytime Phone #

CR2E083 (10/02)

0037936