

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90344 048 *****55.00

0038253

DOCUMENT # L00000005238

1. Entity Name

DRACKETT & OTT ENTERPRISES, LLC



Principal Place of Business

850 PARK SHORE DRIVE
SUITE 200
NAPLES FL 34103

Mailing Address

850 PARK SHORE DRIVE
SUITE 200
NAPLES FL 34103

20016352



2. Principal Place of Business

745 12th AVE South
Ste. 100

3. Mailing Address

745 12th AVE South
100

☐ CHECK HERE IF MAKING CHANGES

City & State

Naples, FL.
Zip 34102 Country US

City & State

Naples, FL.
Zip 34102 Country US

4. FEI Number 59-3633321

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

OTT, BARRET C
850 PARK SHORE DRIVE, SUITE 200
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name OTT, BARRETT C.
Street Address (P.O. Box Number is Not Acceptable)
745 12th AVE South Ste 100
City Naples FL Zip Code 34102

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

TITLE MGR
NAME OTT, BARRET C
STREET ADDRESS 850 PARK SHORE DRIVE SUITE 200
CITY-ST-ZIP NAPLES FL 34103 ☐ Delete

TITLE MGR
NAME DRACKETT, WILLIAM
STREET ADDRESS 614 WOOSTER PIKE
CITY-ST-ZIP TERRACE PARK OH 45174 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

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

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.

SIGNATURE:

SIGNATURE OF AUTHORIZED REPRESENTATIVE
Managing Member 1/21/03 239/403-3900

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

Date

Daytime Phone #

CR2E083 (10/02)