

2001 UNIFORM BUSINESS REPORT (UBR)

0007328 AF

DOCUMENT # L00000006350

1. Entity Name
DAVE SMITH ENTERPRISES, L.L.C.

FILED

01 FEB 22 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

KEY WEST BIGHT MARINA
201 WILLIAMS STREET, #A16
KEY WEST FL 33040

Mailing Address

KEY WEST BIGHT MARINA
201 WILLIAMS STREET, #A16
KEY WEST FL 33040

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. BOX 6432

City & State

City & State

KEY WEST, FL

4. FEI Number

65-1011765

Applied For

Not Applicable

Zip

Country

Zip

33041-6432

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, DAVID G
KEY WEST BIGHT MARINA
201 WILLIAMS STREET, #A16
KEY WEST FL 33040

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGING PARTNER
DAVID G. SMITH
PO BOX 6432
201 WILLIAM ST, #A16
KEY WEST, FL 33041 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
KEY WEST, FL 33041 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600003768496--0
-02/26/01--01136--017
*****50.00 *****50.00
☐ Change ☐ Addition

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

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 #

2-17-01

CR2E083 (11/00)