

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

L00000007078

1. Entity Name

CGM ASSOCIATES, LLC

DBA: HW GALLERY

Principal Place of Business

1391 3RD ST. SO.

Mailing Address

1391 3RD ST SO.

NAPLES, FL 34102

NAPLES, FL 34102

2. Principal Place of Business

1391 3RD ST SO.

3. Mailing Address

1391 3RD ST SO.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES, FL

City & State

NAPLES, FL

Zip

34102

Country

COLLIER

Zip

34102

Country

COLLIER

4. FEI Number

52-2240042

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

FILED

01 JUN 21 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALTER CHERNOCH
6625 STONEGATE DR
NAPLES, FL 34109

Name

LAUREN GREENOUGH

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

6602 STONEGATE DR

City

NAPLES

FL

Zip Code

34109

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 LAUREN GREENOUGH

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

6/18/01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MEMBER ☐ Delete
NAME WALTER CHERNOCH
STREET ADDRESS 6625 STONEGATE DR
CITY-ST-ZIP NAPLES, FL 34109

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

TITLE MEMBER ☐ Delete
NAME JAMES MESSINA
STREET ADDRESS 6769 STONEGATE DR
CITY-ST-ZIP NAPLES, FL 34109

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: DOROTHY JONES MANAGER

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

Date

Daytime Phone #

6/18/01 941-263-6640

CR2E083 (11/00)