

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

0037727

DOCUMENT # L00000008995

1. Entity Name

HARBSMEIER, DEZAYAS & APPEL INVESTMENTS, LLC

04-03-2002 90014 029 ****50.00

Principal Place of Business

5116 SOUTH LAKELAND DRIVE
 LAKELAND FL 33813

Mailing Address

POST OFFICE BOX 6455
 LAKELAND FL 33807-6455

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3658981

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARBSMEIER, CURT L
 5116 SOUTH LAKELAND DRIVE
 LAKELAND FL 33813

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
 NAME HARBSMEIER, CURT L
 STREET ADDRESS 5116 SOUTH LAKELAND DRIVE
 CITY-ST-ZIP LAKELAND FL 33813

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

TITLE MGRM ☐ Delete
 NAME DEZAYAS, BRUNO F
 STREET ADDRESS 5116 SOUTH LAKELAND DRIVE
 CITY-ST-ZIP LAKELAND FL 33813

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

TITLE MGRM ☐ Delete
 NAME APPEL, JEFFREY E
 STREET ADDRESS 5116 SOUTH LAKELAND DRIVE
 CITY-ST-ZIP LAKELAND FL 33813

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

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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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:

C. HARBSMEIER

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

3-26-02 863/619-7330

Date

Daytime Phone #

CR2E083 (9/01)