

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000010286

1. Entity Name

GRUNERT FINANCIAL SERVICES, L.L.C.

FILED

01 AUG 27 PM 12:17

Principal Place of Business

1400 COLONIAL BLVD., STE 21  
FORT MYERS FL 33907

Mailing Address

1400 COLONIAL BLVD., STE 21  
FORT MYERS FL 33907

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business

11886 Grand Isle Lane

3. Mailing Address

11886 Grand Isle Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Fort Myers, Florida

City & State

Fort Myers, Florida

4. FEI Number

65-1032900

Applied For

Not Applicable

Zip

Country

33913

USA

Zip

Country

33913

USA

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

SCHUTT, DARRIN R  
STE C, 1105 CAPE CORAL PKWY  
CAPE CORAL FL 33904

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 September 26, 2001

200004562672--6

-08/29/01--01090--020

\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
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CITY-ST-ZIP ☐ Delete

TITLE  
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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 REQUIRED

08-22-2001

(941) 561 6430

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

Date

Daytime Phone #

CR2E083 (5/01)

STATE CHECK HERE