2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED 02-19-2002 90063 013 ***155.00
L00000010396

DOCUMENT # L00000010396

1. Entity Name

CORVETTE, L.L.C. REINSTATEMENT 2001-2002

02 JUN 12 AM 11:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1305 WYOMING AVENUE ST. CLOUD FL 34769	1305 WYOMING AVENUE ST. CLOUD FL 34769

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	3355 WESTSHORE DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: ST CLOUD FL
Zip / Country	Zip: 34772 / Country

4. FEI Number: Applied for ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

VOLDNESS, THOMAS J
1305 WYOMING AVENUE
ST. CLOUD FL 34769

7. Name and Address of New Registered Agent

Name: VOLDNESS THOMAS J.
Street Address (P.O. Box Number is Not Acceptable): 3355 WESTSHORE DR
City: ST CLOUD FL Zip Code: 34772

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: Thomas Voldness THOMAS J VOLDNESS DATE: Feb 10, 2002
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By September 26, 2001

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR VOLDNESS, THOMAS J 1305 WYOMING AVENUE ST CLOUD FL 34769	☐ Delete		☐ Change ☐ Addition
	REINSTATEMENT 2001-2002	☐ Delete		☐ Change ☐ Addition Adm-50
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition 300005882413--4 -06/20/02--01040--001 *****50.00 *****50.00
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition

CR2E083 (5/01)

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: Thomas Voldness THOMAS J. VOLDNESS Feb 10, 2002 407 957-8687
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

RONALD M. HAND, P.A.

Attorney at Law
921 West Emmett Street
Kissimmee, FL 34741
(407) 846-6133 (voice)
(407) 846-3664 (fax)

♦♦♦

May 8, 2002

Florida Department of State
Divisions of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Corvette, L.L.C.
Ref. Number: L00000010396

Dear Sir/Madam:

Enclosed please find a copy of correspondence we received from you, along with the 2001 Uniform Business Report (UBR) and check in the amount of $200.00, with regard to the above matter.

Thank you for your prompt attention to the above. Should you have any questions concerning the enclosed, please do not hesitate to contact our office.

Very truly yours,

Ronald M. Hand s.g.

Ronald M. Hand, Esq.

RMH/sg
Enclosures
c:\myfiles\voldness.sec.of.state.ltr.2.wpd

SIGNED IN THE ABSENCE OF RONALD M. HAND, ESQ., IN ORDER TO AVOID DELAY.