

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90013 031 ****50.00

DOCUMENT # L00000010903

1. Entity Name

STONE COTTAGE ANTIQUES, L.C.

Principal Place of Business

~~4171 BONITA BEACH ROAD~~
 BONITA SPRINGS FL 34134

Mailing Address

~~4171 BONITA BEACH ROAD~~
 BONITA SPRINGS FL 34134

2. Principal Place of Business

8955 WAKE FERN DR
 BONITA SPRINGS FL 34135

3. Mailing Address

255 BAREFOOT BEACH BLVD
 #304
 BONITA SPRINGS FL 34134

City & State

BONITA SPRINGS, FL

Zip

34135

Country

USA

City & State

BONITA SPRINGS, FL

Zip

34134

Country

USA

4. FEI Number

59-3673183

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

NAPLES-LAWDOCK, INC.

4501 NORTH TAMiami TRAIL, SUITE 300

NAPLES FL 34103

7. Name and Address of New Registered Agent

Name

SUSAN KINSELLA

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

255 BAREFOOT BEACH BLVD

#304

City

BONITA SPRINGS

FL

Zip Code

34134

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

TITLE MGR
 NAME KINSELLA, SUSAN
 STREET ADDRESS 255 BAREFOOT BEACH BLVD., #304
 CITY-ST-ZIP BONITA SPRINGS FL 34134

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10. ADDITIONS/CHANGES

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☐ Change ☐ Addition

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

Date

Daytime Phone #

CR2E083 (9/01)