

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000011379

1. Entity Name  
CONTEX, LLC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 SEP 26 PM 3:37

Principal Place of Business  
15 ELEVENTH AVENUE SOUTH  
C/O JOHN ANSON SMITH  
NAPLES FL 34102

Mailing Address  
15 ELEVENTH AVENUE SOUTH  
C/O JOHN ANSON SMITH  
NAPLES FL 34102

2. Principal Place of Business  
1076 FIFTH AVE S.  
Suite, Apt. #, etc.  
2nd Floor

3. Mailing Address  
P.O. Box 2709  
Suite, Apt. #, etc.

City & State  
NAPLES FL  
Zip  
34102

City & State  
NAPLES FLA  
Zip  
34106

4. FEI Number  
59-364-0859

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

FIELDS, ALAN B  
2680 AIRPORT ROAD SOUTH  
VEGA BROWN STANLEY & BURKE  
NAPLES FL 34112

Name  
Street Address (P.O. Box Number is Not Acceptable)  
3030 HORSESHOE DRIVE S.  
City NAPLES FL Zip Code 34104

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

300004616423-9  
-09/28/01--01051--008  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
SMITH, JOHN ANSON  
15 ELEVENTH AVENUE SOUTH  
NAPLES FL 34102 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

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

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

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  
(John Anson Smith) 9-2401  
941-262-6677

STAPLE CHECK HERE

0007331

CR2E083 (5/01)