

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000011761

1. Entity Name

SHUTTER PRODUCTS INTERNATIONAL, LLC

FILED

01 JUL 19 AM 8:47

Principal Place of Business

1101 8TH AVENUE SOUTH
LAKE WORTH FL 33460

Mailing Address

1101 8TH AVENUE SOUTH
LAKE WORTH FL 33460

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

11840 METRO PARKWAY

3. Mailing Address

11840 METRO PARKWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FT. MYERS FL

City & State

FT. MYERS FL

4. FEI Number

65-1046341

Applied For

Not Applicable

Zip

33912

Country

LEE

Zip

33912

Country

LEE

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

OWENS, WILLIAM L
C/O BOND, SCHOENECK & KING, P.A.
4001 TAMiami TRAIL, SUITE 404
NAPLES FL 34103

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

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*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CHIEF OPERATING OFFICER
GREGORY P. ALWIE
12871 ALLEN DALE CIR
FT. MYERS, FL 33912

☐ Change

☒ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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STREET ADDRESS
CITY-ST-ZIP

CHIEF EXECUTIVE OFFICE
LAURENCE C KOZELICKI
28 GRAYSTONE W
2. BARRINGTON, IL 60010

☐ Change

☒ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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☐ 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: STEVEN M. KUEN CONTROLLER

(941)931-3647

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

Date

Daytime Phone #

0015483 AT

CR2E083 (11/00)