

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90132 022 ****50.00

DOCUMENT # L00000011761

1. Entity Name

SHUTTER PRODUCTS INTERNATIONAL, LLC

Principal Place of Business

**11840 METRO PARKWAY
 FT. MYERS FL 33912**

Mailing Address

**11840 METRO PARKWAY
 FT. MYERS FL 33912**

2. Principal Place of Business

6200 METRO PLEX

3. Mailing Address

6200 METRO PLEX

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. MYERS FL

City & State

FT. MYERS, FL

Zip

33912

Country

LEE

Zip

33912

Country

LEE

4. FEI Number

65-1046341

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 May 1, 2002

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO ALLOWE, GREGORY P 12851 ALLENDALE CIRCLE FT. MYERS FL 33912	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO KOZLICKI, LAURENCE 28 GRAYSTONE LN N. BARRINGTON, IL 60010	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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] STEVE M. KELEN DATE: **4-22-02** DAYTIME PHONE: **(941) 931-3647**

CR2E083 (9/01)