

2001 UNIFORM BUSINESS REPORT (UBR)

0019836 AF

DOCUMENT # L00000012350

1. Entity Name
CALUSA CERTIFIED MARINE, LLC

Principal Place of Business
2538 SW 26TH AVENUE
CAPE CORAL FL 33914

Mailing Address
2538 SW 26TH AVENUE
CAPE CORAL FL 33914

FILED

01 MAR 20 PM 11:44

SECRETARY OF STATE



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

05-1048016

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FRIEBIS, DANIEL S
3890 TURTLE CREEK DR., SUITE B-1
PORT ORANGE FL 32127

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete
MGRM
PIREZ, JOSEPH D
STREET ADDRESS 2538 SW 26TH AVENUE
CITY-ST-ZIP CAPE CORAL FL 33914

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

TITLE NAME ☐ Delete
MGRM
PIREZ, JILL L
STREET ADDRESS 2538 SW 26TH AVENUE
CITY-ST-ZIP CAPE CORAL FL 33914

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

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

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 #

Joseph D. Pirez vice president

3/16/01

(941) 549 9244

CR2E083 (11/00)