

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90695 003 *****50.00

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

2. Principal Place of Business

1136 NE Pine Island Rd.

3. Mailing Address

2538 SW 26TH Ave

Suite, Apt. #, etc.

64

Suite, Apt. #, etc.

6

City & State

Cape Coral, FL

City & State

Cape Coral FL

Zip

33909

Country

USA

Zip

33914

Country

USA



CHECK HERE IF MAKING CHANGES

4. FEI Number

65-1048016

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

Joseph D. Pirez

(NOTE: Registered Agent signature required when reinstating)

Vice president

DATE

4/30/03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

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

☐ Delete

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

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10. ADDITIONS/CHANGES

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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

Joseph D. Pirez

4/30/03

Date

(239) 574 5053

Daytime Phone #

CR2E083 (10/02)

0037330