

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90170 045 ****50.00

DOCUMENT # L00000013592

1. Entity Name

R.D. MARINA, LLC

Principal Place of Business

**C/O MIKE CARTER I INC
 417 12TH ST W SUITE 200
 BRADENTON FL 34205**

Mailing Address

**C/O MIKE CARTER I INC
 417 12TH ST W SUITE 200
 BRADENTON FL 34205**

924706

2. Principal Place of Business

102 Riviera Dunes Way

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palmetto, FL

City & State

City & State

4. FEI Number

65-1052831

APPLIED FOR

Applied For

Not Applicable

Zip
34221

Country
Manatee

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**WALKER, ADRON H
 3119 MANATEE AVE W
 BRADENTON FL 34205**

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

TITLE
MGR
 NAME
CARTER, MICHAEL M
 STREET ADDRESS
417 12TH ST W SUITE 200
 CITY-ST-ZIP
BRADENTON FL 34205

☐ Delete

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
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 CITY-ST-ZIP

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TITLE
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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:

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

02/05/02

(941) 749-5875

Date

Daytime Phone #

CR2E083 (9/01)