

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90075 019 ****50.00

DOCUMENT # L00000013652

1. Entity Name

AMERICAN CONSOR HOMES, L.L.C.

Principal Place of Business

**11232 TAMiami TRAIL N.
 NAPLES FL 34110**

Mailing Address

**11232 TAMiami TRAIL N.
 NAPLES FL 34110**

2. Principal Place of Business

267 N COLLIER BLVD

3. Mailing Address

267 N. COLLIER BLVD

Suite, Apt. #, etc.

#204

Suite, Apt. #, etc.

#204

City & State

MARCO ISLAND, FL

City & State

MARCO ISLAND, FL

Zip

Country

34145

US

Zip

Country

34145

US

4. FEI Number

59-3680589

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ROLLER, PETRA

**C/O COAST TO COAST INVESTMENT GROUP
 11232 TAMiami TRAIL NORTH
 NAPLES FL 34110**

7. Name and Address of New Registered Agent

Name

ROLLER, PETRA

Street Address (P.O. Box Number is Not Acceptable)

C/O COAST-TO-COAST REALTY

267 N. COLLIER BLVD #204

City

MARCO ISLAND

FL

Zip Code

34145

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

P. Roller

PETRA ROLLER

04-08-02

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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROLLER, WALTER 930 CARRICK BEND CIR. #201 NAPLES FL 34110	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROLLER, PETRA 930 CARRICK BEND CIR. #201 NAPLES FL 34110	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DIVCO HOLDING AG BAARER STR. 8 ZUG, SWITZERLAND	<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

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
267 N. COLLIER BLVD, #204 MARCO ISLAND, FL 34145	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
267 N. COLLIER BLVD, #204 MARCO ISLAND, FL 34145	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

P. Roller **PETRA ROLLER**

04-08-02 239-513-9398

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

Date

Daytime Phone #

CR2E083 (9/01)