

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000013887

1. Entity Name  
MCWADE ENTERPRISES, L.L.C.

FILED

01 FEB -5 AM 8:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

2036 CRESTVIEW WAY  
NAPLES FL 34119

Mailing Address

2036 CRESTVIEW WAY  
NAPLES FL 34119

2. Principal Place of Business

2036 Crestview Way

Suite, Apt. #, etc.

City & State

NAPLES

Zip

34119

Country

USA

3. Mailing Address

2036 Crestview Way

Suite, Apt. #, etc.

City & State

FL

Zip

Country

4. FEI Number

59 3683 746

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent.

MCWADE, B.V.  
2036 CRESTVIEW WAY  
NAPLES FL 34119

7. Name and Address of New Registered Agent

Name William V. McWade  
Street Address (P.O. Box Number is Not Acceptable)  
2036 Crestview Way  
City Naples FL Zip Code 34119

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 William V. McWade

(NOTE: Registered Agent signature required when reinstating)

01/11/01 DATE

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. William V. McWade 2036 Crestview Way Naples FL 34119	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>SECRETARY - William V. McWade</del> <del>2036 Crestview Way</del> <del>Naples FL 34119</del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>SECRETARY - Scott W. McWade</del> <del>238 W. TILLYMAN ST</del> <del>ORLANDO FL 32806</del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER William V. McWade 2036 CRESTVIEW NAPLES, FL 34119	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER	<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: William V. McWade  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

01/11/01 DATE 941 254-9561 DAYTIME PHONE #

CR2E083 (11/00)