

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000014124

1. Entity Name  
M & S INVESTMENTS, L.L.C.

FILED

01 APR -9 AM 7:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1437 TALLEVAST ROAD  
SARASOTA FL 34243

Mailing Address  
1437 TALLEVAST ROAD  
SARASOTA FL 34243



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1072241

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

~~PERRON, ANDRE R~~  
~~2808 MANATEE AVENUE WEST~~  
~~BRADENTON FL 34205~~

7. Name and Address of New Registered Agent

Name Samuel M. Coniglio, III  
Street Address (P.O. Box Number is Not Acceptable)  
1437 Tallevast Road  
City Sarasota, FL Zip Code 34243

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 Samuel M. Coniglio, III

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

(NOTE: Registered Agent signature required when reinstating)

4/5/01  
DATE

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

9. MANAGING MEMBERS/MEMBERS

TITLE	managing member <input type="checkbox"/> Delete
NAME	Samuel M. Coniglio, III
STREET ADDRESS	1437 Tallevast Road
CITY-ST-ZIP	Sarasota, FL 34243
TITLE	managing member <input type="checkbox"/> Delete
NAME	Michael J. Seery
STREET ADDRESS	11701 Creek Shad, Place
CITY-ST-ZIP	Sarasota, FL 34243
TITLE	managing member <input type="checkbox"/> Delete
NAME	Carol A. Coniglio
STREET ADDRESS	1437 Tallevast Road
CITY-ST-ZIP	Sarasota, FL 34243
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

Carol A. Coniglio

Carol A. Coniglio  
4/5/01  
Date

Date

Daytime Phone #

941-351-2664

CR2E083 (11/00)