

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015007

1. Entity Name

STARDUSTERS WORKSHOP, L.C.

Principal Place of Business

Mailing Address

875 Indian Beach Drive
Sarasota, Florida 34234

875 Indian Beach Drive
Sarasota, Florida 34234

2. Principal Place of Business

3. Mailing Address

875 Indian Beach Drive

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Sarasota, Florida

Zip

Country

Zip

Country

34234

USA

4. FEI Number

65-1065246

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

7. Name and Address of New Registered Agent

Susan K. Diffatte
875 Indian Beach Drive
Sarasota, Florida 34234

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager
Susan K. Diffatte
875 Indian Beach Drive
Sarasota, Florida 34234 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600003891376--4
-03/21/01--01111--020
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager
Gregory Baker
4803 - 15th Street East
Bradenton, Florida 34203 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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: *Gregory Baker*

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

3/2/2001

Date

941-355-9359

Daytime Phone #

CR2E083 (11/00)