

# 200 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L00000015718**

1. Entity Name

**13856 LILY PAD CIRCLE, LLC**

**FILED**

**01 JUN 20 AM 11:11**

Principal Place of Business

Mailing Address

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business

**13856 LILY PAD CIRCLE**

3. Mailing Address

**149 NORCROSS CIRCLE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**FORT MYERS FL**

City & State

**TRENTON NJ**

4. FEI Number

**145-46-2866**

Applied For

Not Applicable

Zip

**33907**

Country

**USA**

Zip

**08619**

Country

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**DAVID A OWENS  
695 TARPON BAY RD #5  
SANIBEL FL 33957**

7. Name and Address of New Registered Agent

Name

**ART DI PAOLA**

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

**13856 LILY PAD CIRCLE**

City

**FORT MYERS**

**FL**

Zip Code

**33907**

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

*Art Di Paola*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**6-9-01**

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP  
**MANAGING MEMBER  
ART DI PAOLA  
149 NORCROSS CIRCLE  
TRENTON NJ 08619**

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP  
**500004452385--5  
-06/29/01--01096--018  
\*\*\*\*\*50.00 \*\*\*\*\*50.00**

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
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:

*Art Di Paola*

**6-9-01**