

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90138 031 ****50.00

DOCUMENT # L00000015784

1. Entity Name

FAST CAT BOATWORKS LLC

Principal Place of Business

**560 SPINNAKER LANE
 LONGBOAT KEY FL 34228**

Mailing Address

**560 SPINNAKER LANE
 LONGBOAT KEY FL 34228**

2. Principal Place of Business

1300 Hendry Street

Suite, Apt. #, etc.

3. Mailing Address

1300 Hendry Street

Suite, Apt. #, etc.

City & State

Ft. Myers

City & State

Ft. Myers

Zip

FL

Country

USA

Zip

FL

Country

USA

4. FEI Number

36-4414787

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**ANTOS, MARK
 560 SPINNAKER LANE
 LONGBOAT KEY FL 34228**

7. Name and Address of New Registered Agent

Name

Joan Fridshal

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

220 North Tattle Avenue, Suite B

City

Sarasota,

FL

Zip Code

34237

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

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

(NOTE: Registered Agent's signature required when reinstating)

4/30/02
 DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **VP** ☐ Delete
 NAME **ANDERSON, SHARON**
 STREET ADDRESS **560 SPINNAKER LANE**
 CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1300 Hendry Street**
 CITY-ST-ZIP **Ft. Myers FL 33901**

TITLE ☐ Change ☒ Addition
 NAME **President & Managing Member**
 STREET ADDRESS **Mark Antos**
 CITY-ST-ZIP **1300 Hendry Street**
Ft. Myers, FL 33901

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

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

VP

1-30-02

Date

Daytime Phone #

CR2E083 (9/01)