

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 11, 2002 8:00 am**  
**Secretary of State**

07-11-2002 90247 027 \*\*\*\*50.00

DOCUMENT # **L00000016046**

1. Entity Name

**IN TXS Enterprises, LLC**

**DO NOT WRITE IN THIS SPACE**

**970073**

2. Principal Place of Business

**650 D Calle del Otono**

3. Mailing Address

**650 D Calle del Otono**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Sarasota, Florida**

City & State

**Sarasota, Florida**

4. FEI Number

**65-1103166**

Applied For

Not Applicable

Zip

**34242**

Country

**USA**

Zip

**34242**

Country

**USA**

5. Certificate of Status Desired ☐

**\$5.00** Additional Fee Required

7. Name and Address of Current Registered Agent

Name

**Michael Hric**

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

**2801 Fruitville Road, Suite 100**

City

**Sarasota**

**FL**

Zip Code

**34237**

**DO NOT WRITE  
IN THIS SPACE**

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.

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State**

**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Principal  
Ian Naismith  
650 D Calle del Otono  
Sarasota, Florida 34242**

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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

**7-3-02**

Date

**(941) 312-9588**

Daytime Phone #

CR2E083B (12/01)

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L00000016046

1. Entity Name  
IN TXS Enterprises, LLC

**DO NOT WRITE IN THIS SPACE**

*Attachment  
970073*

2. Principal Place of Business <u>650 D Calle del Otono</u>		3. Mailing Address <u>650 D Calle del Otono</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Sarasota, Florida</u>		City & State <u>Sarasota, Florida</u>	
Zip <u>34242</u>	Country <u>USA</u>	Zip <u>34242</u>	Country <u>USA</u>

DO NOT WRITE IN THIS SPACE

4. FEI Number <u>65-1103166</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Michael Hric

Street Address (P.O. Box Number is Not Acceptable)  
2801 Fruitville Road, Suite 100

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when nonstatutory) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Principal</u> <u>IAN Arthur Naismith</u> <u>650 D Calle del Otono</u> <u>Sarasota Florida 34242</u>
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**DO NOT WRITE  
IN THIS SPACE**

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 4-28-02 (941)312-9588

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034B (12/01)