

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90240 042 ****50.00

DOCUMENT # L01000000086

1. Entity Name

CHAMELEON COMMUNICATIONS, L.L.C.

Principal Place of Business

**850 THIRD ST.
 FT MYERS BEACH FL 33931**

Mailing Address

**850 THIRD ST.
 FT MYERS BEACH FL 33931**

2. Principal Place of Business

3. Mailing Address

SON KEENAN AVE.

P.O. BOX 161434

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FOZT MYERS, FL

FOZT MYERS, FL

Zip Country

Zip Country

33919 USA

33906 USA

4. FEI Number

105-100001166

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

Name

DEBORAH M. HANSON

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

SON KEENAN AVENUE

City

FOZT MYERS

FL

Zip Code

33919

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]

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

(NOTE: Registered Agent signature required when reinstating)

3-5-02

DATE

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MGR	<input type="checkbox"/> Delete
NAME	HANSON, DEBORAH M	
STREET ADDRESS	850 THIRD ST.	
CITY-ST-ZIP	FT MYERS BEACH FL 33931	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	HANSON, MATTHEW W	
STREET ADDRESS	850 THIRD ST.	
CITY-ST-ZIP	FT MYERS BEACH FL 33931	
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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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 REQUIRED

2-24-02

941-707-1095

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

Date

Daytime Phone #

CR2E083 (9/01)

0038650