

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 19, 2002 8:00 am**  
**Secretary of State**

08-19-2002 90136 003 \*\*\*\*50.00

**DOCUMENT # L01000000205**

1. Entity Name

**BILARO, LLC**

Principal Place of Business

**260 SILVERADO DR.  
 NAPLES FL 34119**

Mailing Address

**260 SILVERADO DR.  
 NAPLES FL 34119**

2. Principal Place of Business

**354 OAK AVENUE**

Suite, Apt. #, etc.

3. Mailing Address

**354 OAK AVENUE**

Suite, Apt. #, etc.

City & State

**NAPLES, FL**

City & State

**NAPLES, FL**

4. FEI Number

**59-3689949**

Applied For

Not Applicable

Zip

Country

**34108**

**USA**

Zip

Country

**34108**

**USA**

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

**ROBARDS, WILLIAM T  
 260 SILVERADO DR.  
 NAPLES FL 34119**

Name

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

**354 OAK AVENUE**

City

**NAPLES**

**FL**

Zip Code

**34108**

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**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE <b>MGRM</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<b>WILLIAM T. ROBARDS</b> <b>354 OAK AVENUE</b> <b>NAPLES, FL 34108</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE <b>MGRM</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<b>LAURA S. ROBARDS</b> <b>354 OAK AVENUE</b> <b>NAPLES, FL 34108</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Laura Robards* SIGNATURE REQUIRED**

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

**7-26-02 239-593-1778**

Date

Daytime Phone #

CR2E083 (9/01)