

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2002 8:00 am**  
**Secretary of State**

03-14-2002 90008 045 \*\*\*\*55.00

**DOCUMENT # L01000000210**

1. Entity Name

**BANNER SUPPLY COMPANY FORT MYERS, LLC**

Principal Place of Business

**2 SOUTH BISCAYNE BLVD.  
 SUITE 3400  
 MIAMI FL 33131**

Mailing Address

**2 SOUTH BISCAYNE BLVD.  
 SUITE 3400  
 MIAMI FL 33131**

**89043002**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**6184 DEWILD ST**  
 Suite, Apt. #, etc.

3. Mailing Address

**7195 N.W. 30<sup>TH</sup> ST**  
 Suite, Apt. #, etc.

City & State

**FT MYERS FL**

City & State

**MIAMI, FL**

4. FEI Number

**65-1071335**

Applied For

Not Applicable

Zip

Country

**33912**

Zip

Country

**33122**

5. Certificate of Status Desired

**1**

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**VALDES-FAULI CORPORATE SERVICES, INC.  
 2 SOUTH BISCAYNE BLVD.  
 SUITE 3400  
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

**ARTHUR LANDERS**

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

**7195 N.W. 30<sup>TH</sup> ST.**

City

**MIAMI**

**FL**

Zip Code

**33122**

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]*

**ARTHUR LANDERS 2/5/02**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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**

**2/5/02**

**305-593-2946**

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

Date

Daytime Phone #

CR2E083 (9/01)