

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90100 017 \*\*\*\*50.00

**DOCUMENT # L01000000458**



1. Entity Name  
**CAPT. DIANNE KAY STIGALL L.C.**

Principal Place of Business  
**BRADY & ASSOCIATES YACHT SALES, INC.  
2030 WEST FIRST STREET, #E  
FORT MYERS FL 33901**

Mailing Address  
**BRADY & ASSOCIATES YACHT SALES, INC.  
2030 WEST FIRST STREET, #E  
FORT MYERS FL 33901**

2. Principal Place of Business  
**CAPT DIANNE KAY STIGALL L.C.**  
Suite, Apt. #, etc.  
**P.O. Box 2371**  
City & State  
**FORT MYERS, FL**  
Zip  
**33902** Country  
**USA**

3. Mailing Address  
**CAPT DIANNE KAY STIGALL L.C.**  
Suite, Apt. #, etc.  
**2588 KINGS LAKE BLVD**  
City & State  
**NAPLES, FL**  
Zip  
**34112** Country  
**USA**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **69-0003591** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent  
**BRADY, JOHN E  
BRADY & ASSOCIATES YACHT SALES, INC.  
2030 WEST FIRST STREET, #E  
FORT MYERS FL 33901**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM STIGALL, DIANNE <del>2030 WEST FIRST ST, #E</del> P.O. Box 2371 FORT MYERS FL <del>33901</del> 33902</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P.O. Box 2371 FORT MYERS, FL 33902</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM STIGALL, GUY <del>2030 WEST FIRST ST, #E</del> P.O. Box 2371 FORT MYERS FL <del>33901</del> 33902</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P.O. Box 2371 FORT MYERS, FL 33902</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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
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

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: **CAPT DIANNE KAY STIGALL L.C.** 4/22/03 901-568-0538  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)