

# 2002 UNIFORM BUSINESS REPORT (UBR)

0027357

DOCUMENT # L01000001327

1. Entity Name

SHIVER ME TIMBERS, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 MAY -7 PM 3:26

Principal Place of Business

1225 SOUTH LAKE PLEASANT ROAD  
APOPKA FL 32703

Mailing Address

1225 SOUTH LAKE PLEASANT ROAD  
APOPKA FL 32703

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3710326

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

LEE, DAVID S  
1225 SOUTH LAKE PLEASANT ROAD  
APOPKA FL 32703

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.

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

TITLE NAME ☐ Delete  
Lee, David M  
1225 S. Lake Pleasant Cir  
APOPKA FL 32703

TITLE NAME ☐ Change ☐ Addition  
000005289810--3  
-04/17/02--01061--001  
\*\*\*250.00 \*\*\*50.00

TITLE NAME ☐ Delete  
Lee, Sally M  
1214B Lake Piedmont Cir.  
APOPKA, FL 32703

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)