

# 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

*4/5/22*

Principal Place of Business      Mailing Address  
1225 SOUTH LAKE PLEASANT ROAD      1225 SOUTH LAKE PLEASANT ROAD  
APOPKA FL 32703      APOPKA FL 32703



DO NOT WRITE IN THIS SPACE

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      Applied For  
**59-3710326**       Not Applicable  
5. Certificate of Status Desired       \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
**LEE, DAVID S**  
1225 SOUTH LAKE PLEASANT ROAD  
APOPKA FL 32703

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	<i>Lee, David MGR</i> <input type="checkbox"/> Delete <i>1225 S. Lake Piedmont Cir</i> <i>APOPKA FL 32703</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Lee, Sally MGR</i> <input type="checkbox"/> Delete <i>1214 B Lake Piedmont Cir.</i> <i>APOPKA, FL 32703</i>
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 type="checkbox"/> Addition <b>000005289810--3</b> <b>-04/17/02--01061--001</b> <b>***\$250.00      ***\$50.00</b>
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: *David S. Lee*      Date: *1/7/01*      Daytime Phone #: *407886082*

CR2E083 (9/01)