

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90052 041 ****50.00

DOCUMENT # L01000001626

1. Entity Name
AINSLEY-HOBBS LLC

Principal Place of Business

P.O. BOX 3161
 PLACIDA FL 33946

Mailing Address

P.O. BOX 3161
 PLACIDA FL 33946

00102610

2. Principal Place of Business

143 Mark Twain Lane

Suite, Apt. #, etc.

3. Mailing Address

143 Mark Twain Lane

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Rotonda West FL

City & State

Rotonda West FL

4. FEI Number

52-2299300

Applied For

Not Applicable

Zip

33947

Country

USA

Zip

33947

Country

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

**STEBLER, PATRICK
 8 SPORTSMAN PLACE
 ROTONDA-WEST FL 33947**

Name

Jeremy Hobbs

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

143 Mark Twain Lane

City

Rotonda West FL

Zip Code

33947

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]
 Signature typed or printed name of registered agent and title if applicable.

[Signature]
 (NOTE: Registered Agent signature required when amending)

4/28/02
 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 ☐ Delete
 NAME **President**
 STREET ADDRESS **Jeremy Hobbs**
 CITY-ST-ZIP **143 Mark Twain Lane**
Rotonda West FL 33947

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **Secretary**
 STREET ADDRESS **Ruth Hobbs**
 CITY-ST-ZIP **143 Mark Twain Lane**
Rotonda West FL 33947

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

4/28/02
 DATE
9416972109
 Daytime Phone #

CR2E083 (9/01)