

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Oct 02, 2002 8:00 am**  
**Secretary of State**

03-05-2002 90016 027 \*\*\*\*50.00  
 09-22-2002 90067 013 \*\*\*\*50.00

**DOCUMENT # L01000002918**

1. Entity Name

**ELMO J. SCHIFFERLE, LLC**

Principal Place of Business

1605 MAIN ST., STE. 912  
 SARASOTA FL 34236

Mailing Address

1605 MAIN ST., STE. 912  
 SARASOTA FL 34236

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

15-094077

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**SCOVILL, H. WILLIAM, AGENT**  
 1605 MAIN ST., STE. 912  
 SARASOTA FL 34236

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

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 September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PRESIDENT - MGR**  
**GREGORY J. SCHIFFERLE**  
**3530 CAPITAL LAKES CT.**  
**SARASOTA, FL 34235**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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10.

ADDITIONS/CHANGES

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

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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**

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

9/16/02

802-879-6913

941-355-2388

CR2E083 (4/02)