

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90038 011 ****50.00

DOCUMENT # L01000004240

1. Entity Name
CVS, L.L.C.

Principal Place of Business Mailing Address
1827 MIDDLE GULF DRIVE **1827 MIDDLE GULF DRIVE**
SANIBEL FL 33957 **SANIBEL FL 33957**

933440



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
14970 Captiva Dr. **PO Box 156**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
CAPTIVA, FL. **NORMANDY BEACH NJ**
 Zip Country Zip Country
33924 **US** **08739** **USA**

4. FEI Number Applied For
05-1119485 Not Applicable

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

6. Name and Address of Current Registered Agent
COLLMAN, RICHARD A
1648 PERIWINKLE WAY, SUITE B
SANIBEL FL 33957

7. Name and Address of New Registered Agent
 Name **E LEE CHILDERS, JR.**
 Street Address (P.O. Box Number is Not Acceptable)
654 Captiva 350 14970 Captiva Dr
 City **CAPTIVA** **FL** Zip Code **33924**
~~NORMANDY BEACH~~ ~~08739~~

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 *E. Lee Childers, Jr.* **E. LEE CHILDERS, JR.** **3/1/02**
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	MGRM BELL, KAREN 1827 MIDDLE GULF DRIVE SANIBEL FL 33957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	MGRM CHILDERS, EUGENE L PO BOX 485 NORMANDY BEACH NJ 08739
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	
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: *E. Lee Childers, Jr.* **E. LEE CHILDERS, JR.** **3/1/02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)