

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 29, 2002 8:00 am**  
**Secretary of State**

09-29-2002 90004 019 \*\*\*\*50.00

**DOCUMENT # L01000004422**

1. Entity Name  
**DAELS, L.L.C.**

Principal Place of Business

Mailing Address

100 2ND AVE. SOUTH  
 SOUTH TOWER-SUITE 1201  
 ST. PETERSBURG FL 33701

100 2ND AVE. SOUTH  
 SOUTH TOWER-SUITE 1201  
 ST. PETERSBURG FL 33701

2. Principal Place of Business

3. Mailing Address

12220 TOWNE LAKE DRIVE

12220 TOWNE LAKE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 20

SUITE 20

City & State

City & State

FORT MYERS, FL 33913

FORT MYERS, FL 33913

Zip

Country

Zip

Country

33913

LEE

33913

LEE

4. FEI Number

65-1092189

☒

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

ROWE, JAMES C ESQ.  
 100 2ND AVE. SOUTH  
 STE. 1201S  
 ST. PETERSBURG FL 33701

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

10. ADDITIONS/CHANGES

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MGR**  
**WADE, JAMES C**  
**15730 TRIPLE CROWN COURT**  
**FT. MYERS FL 33912** ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

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TITLE  
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 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ 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:** WADE

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

Date

Daytime Phone #

CR2E083 (4/02)