2002 UNIFORM BUSINESS REPORT (UBR)

Mar 12, 2002 8:00 am Secretary of State DOCUMENT # L0100006694 1. Entity Name 01-24-2002 90355 018 ****55 00 NICE SHOT, L.L.C. Principal Place of Business Mailing Address 17500 2835 SILVERLEAF LANE 2835 SILVERLEAF LANE NAPLES FL 34105 NAPLES FL 34105 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 3 City & State City & State Applied For Not Applicable Ziο \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KIRKPATRICK, STEVEN M Street Address (P.O. Box Number is Not Acceptable) 2835 SILVERLEAF LANE NAPLES FL 34105 City 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, 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 MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES TITI F TITLE (9/01) ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS **CR2E083** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP. TITLE ☐ Delete TITLE ☐ Change Addition NAME HALAF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete 1m F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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), Floride 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: SER, MANAGER, OR AUTHORIZED REPRESENTATIVE