

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L01000006887**

1. Entity Name

DOUG'S BUY RITE, LLC

Principal Place of Business

**11845 COLLIER BOULEVARD
NAPLES FL 34116**

Mailing Address

**11845 COLLIER BOULEVARD
NAPLES FL 34116**

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

65-0054716

Applied For

Not Applicable

5. Certificate of Status Desired

☒**\$5.00 Additional
Fee Required****6. Name and Address of Current Registered Agent****LADEMAN, CARRIE E
3200 TAMiami TRAIL NORTH, SUITE 200
NAPLES FL 34103****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.

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 May 1, 2002****9. MANAGING MEMBERS/MANAGERS****TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
HOLLAND, DOUGLAS M
3500 29TH AVENUE S.W.
NAPLES FL 34117☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
STONEBURNER, ROBERT
3870 21ST AVENUE N.W.
NAPLES FL 34117☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete**10. ADDITIONS/CHANGES****TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
STONEBURNER, ROBERT
3870 21ST AVE S.W.
NAPLES FL 34117☒ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition**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:**ROBERT STONEBURNER** 1/7/02 (941) 455-1838

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

Date

Daytime Phone #

FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90027 008 ****\$5.00



DO NOT WRITE IN THIS SPACE

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CR2E083 (9/01)