

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0067565

DOCUMENT # L01000008927

1. Entity Name

BALDRIDGE-NAPLES, L.L.C.



FILED
03 MAY -2 PM 5:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

11825 MANCHESTER ROAD
ST. LOUIS MO 63131
US

Mailing Address

11825 MANCHESTER ROAD
ST. LOUIS MO 63131
US

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 58-2627430

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

KANN, BURTON
10208 N.W. 24TH PLACE
APT. 405
SUNRISE FL 33322

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME KANN, ALLEN MEMBER ☐ Delete
STREET ADDRESS 11825 MANCHESTER ROAD
CITY-ST-ZIP ST. LOUIS MO 63131

TITLE MGRM
NAME BALDRIDGE, KENNETH R MEMBER ☐ Delete
STREET ADDRESS 11825 MANCHESTER ROAD
CITY-ST-ZIP ST. LOUIS MO 63131

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
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TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME 500017852085
STREET ADDRESS 05/02/03--01003--005 **\$50.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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STREET ADDRESS
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), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Allen Kann 4/3/03 314 966-2300

CR2E083 (10/02)