

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L01000Q09861**

1. Entity Name

DAVIS-KEIL FINE ART, L.L.C.

Principal Place of Business

**285 5TH AVENUE SOUTH
NAPLES FL 34102**

Mailing Address

**285 5TH AVENUE SOUTH
NAPLES FL 34102**

2. Principal Place of Business

331 5TH AVENUE SOUTH

3. Mailing Address

331 5TH AVENUE SOUTH

Suite, Apt. #, etc.

City & State

Zip

Country

City & State

Zip

Country

4. FEI Number

65-1116377

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**REGISTERED CORPORATE AGENTS INC
612 S. GREENWOOD AVE
CLEARWATER FL 33758**

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 ☐ Delete

**MGR
SHERMAN, RICHARD K
1124 NORTH HILDALE AVE.
LOS ANGELES CA**

TITLE NAME ☐ Delete

**MGR
SHERMAN, STEPHANIS
1124 NORTH HILDALE AVE.
LOS ANGELES CA**

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10. ADDITIONS/CHANGES

TITLE NAME ☒ Change ☐ Addition

**2892 COCO LAKES PLACE
NAPLES, FL 34105**

TITLE NAME ☒ Change ☐ Addition

**2892 COCO LAKES PLACE
NAPLES, FL 34105**

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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 REQUIRED

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

3.15.02

239.775.3200

Date

Daytime Phone #

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

05-12-2002 90581 049 ****50.00

DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)