

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90244 016 ****55.00

DOCUMENT # L01000010307

1. Entity Name

SEASIDE SECURE, LLC

Principal Place of Business

**12400 MCGREGOR PALMS DR.
 FORT MYERS FL 33908**

Mailing Address

**12400 MCGREGOR PALMS DR.
 FORT MYERS FL 33908**

2. Principal Place of Business

12400 McGREGOR Palms Drive

3. Mailing Address

12400 McGREGOR Palms Drive

Suite, Apt. #, etc.

100

Suite, Apt. #, etc.

100

City & State

Ft Myers FL

City & State

Ft Myers FL

Zip

33908

Country

Lee

Zip

33908

Country

Lee

4. FEI Number

65-1122513

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MILROT, MARK B ESQ.
 515 EAST LAS OLAS BLVD., STE. 850
 FORT LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent

Name **MARK B. MILROT, ESQ.**

Street Address (P.O. Box is Not Acceptable)

Milrot & Diamond, P.A.

City

4421 Hollywood Blvd.

Hollywood, FL 33021

Zip Code

33021

8. The above named entity submits this statement for the purpose of changing its registered office

SIGNATURE

Mark B. Milrot

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-12-02

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☒ Addition

NAME **MGRM**
 STREET ADDRESS **Albert PAPA**
 CITY-ST-ZIP **12400 McGREGOR Palms Drive #100**
Ft. Myers, FL 33908

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 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:

Mark B. Milrot

01-09-01

941-707-1653

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

Date

Daytime Phone #

CR2E083 (9/01)