

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90127 008 ****50.00

DOCUMENT # L01000010393

1. Entity Name

SCOOTER'S ISLAND DELI, LLC

Principal Place of Business

**131 SE 6TH STREET
 CAPE CORAL FL 33990-1559**

Mailing Address

**131 SE 6TH STREET
 CAPE CORAL FL 33990-1559**

2. Principal Place of Business

**10700 Stringfellow Rd
 Suite 20**

3. Mailing Address

131 SE 6th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bokeelia FL

City & State

Cape Coral, FL

Zip

33922

Country

Lee

Zip

33990

Country

Lee

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent:

**COMSTOCK, JAMES C
 131 SE 6TH STREET
 CAPE CORAL FL 33990-1559**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent:

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

10. ADDITIONS / CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
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☐ 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: Bonnie Comstock

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

04-20-02 (239) 282-9264

Date

Daytime Phone #

CR2E083 (9/01)