

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 25, 2003 8:00 am
Secretary of State

09-25-2003 90039 027 ****50.00

DOCUMENT # L01000011103

1. Entity Name.

D & O MARKETING, LLC



Principal Place of Business

Mailing Address

**6 WATERCOLOR WAY
NAPLES FL 34113**

**6 WATERCOLOR WAY
NAPLES FL 34113**

2. Principal Place of Business

7204 COUNTRY LAKE CIR

3. Mailing Address

7204 COUNTRY LAKE CIR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES FL

City & State

NAPLES FL

4. FEI Number **59-3734828**

Applied For

Not Applicable

Zip

34104

Country

COLLIER

Zip

34104

Country

COLLIER

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**OTTERLEE, RICHARD
6 WATERCOLOR WAY
NAPLES FL 34113**

7. Name and Address of New Registered Agent

Name **OTTERLEE, RICHARD**

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

7204 COUNTRY LAKE CIR

City **NAPLES**

FL

Zip Code **34104**

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 September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
NAME **KARDNER, KAREN**
STREET ADDRESS **6 WATER COLOR WAY**
CITY-ST-ZIP **NAPLES FL 34113**

TITLE ☐ Change ☐ Addition
NAME **KAREN KARDNER**
STREET ADDRESS **7204 COUNTRY LAKE CIR**
CITY-ST-ZIP **NAPLES FL 34104**

TITLE **MGRM** ☐ Delete
NAME **OTTERLEE, RICHARD**
STREET ADDRESS **6 WATER COLOR WAY**
CITY-ST-ZIP **NAPLES FL 34113**

TITLE ☐ Change ☐ Addition
NAME **RICHARD OTTERLEE**
STREET ADDRESS **7204 COUNTRY LAKE CIR**
CITY-ST-ZIP **NAPLES FL 34104**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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:

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

Date

Daytime Phone #

CR2E083 (4/03)