

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 08, 2002 8:00 am
Secretary of State

07-08-2002 90238 043 ****50.00

DOCUMENT # L01000012382

1. Entity Name
ACCENT FIREPLACES AND ACCESSORIES, L.L.C.

Principal Place of Business

Mailing Address

1126 NE 11TH TERRACE
 CAPE CORAL FL 33909

1126 NE 11TH TERRACE
 CAPE CORAL FL 33909

969883



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4150 HANCOCK BRIDGE PKWY.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
6 AND 7

Suite, Apt. #, etc.

City & State
NORTH FORT MYERS FL.

City & State

4. FEI Number

65-1132822

Applied For

Not Applicable

Zip
33903

Country
USA

Zip Country

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PASTORS, DIANE L
1126 NE 11TH TERRACE
CAPE CORAL FL 33909

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 Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
MGR MEMBER
PASTORS, DIANE L
1126 NE 11TH TERRACE
CAPE CORAL FL 33909

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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: **DIANE L PASTORS**

7-3-02 (941) 656-3473

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

Date

Daytime Phone #

CR2E083 (4/02)