2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000012730

1. Entity Name

SHOOTER'S ENTERPRISES, L.L.C.



FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90571 007 ****50.00

Principal Place of Business		Mailing Address	Mailing Address						
% 612 STANLEY AVENUE WILDWOOD FL 34785		% P.O. BOX 665 WILDWOOD FL 34785					. ~ ~ 0 0 4 4 ()		
2 Principal	Diago of Business	12.11.26	<u></u>						
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Nun	nber 59-374075	i3	Applied For	
Zip Country		Zip	Zip Country		5. Certificate of Status Desired Solution Status Desired Fee Required				3
	6. Name and Address of Curren	t Registered Agent			7. Name a	nd Address of New F		uirea	4
BA	KLEY; MILTON HILL		Name		7, 1741110 (2	no Addicas of Nami	egistered Agent		7
192	9 N.W. 12TH TERRACE NESVILLE FL 32609				ss (P.O. Box Number is Not Acceptable)				
, 	NEOVILLE I E 02000						1.00		7
			City				FL Zip C		7
8. The above the obligat	named entity submits this statement for tions of registered agent.	or the purpose of changing it	s registered office or r	egistered	d agent, or b	ooth, in the State of Flo	orida. I am familiar w	ith, and accept	
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NO	TE: Registered Agent signature	required w	hen reinstating)		DATE		
							DATE		-
			OWIII FEE IS \$5						
		Make Check Payat	не to Florida Depa le By May 1, 2003	ırtmeni	t of State				
9.	MANAGING MEMBI		10.			ADDITIONS/	CHANGES		╗,
TITLE NAME	SCHOTT, JOHN R	☐ Delete	TITLE				Chang	ge 🗌 Addition	
STREET ADDRESS	612 STANLEY AVE.		NAME STREET ADDRESS						15
CITY-ST-ZIP	WILDWOOD FL 34785		CITY-ST-ZIP						8
TITLE	WILDWOOD I E 34783	☐ Delete							_ }
NAME		☐ Delete	TITLE NAME				☐ Chang	ge 🔲 Addition	18
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		<u> </u>							4
NAME		☐ Delete	TITLE				Chang	ge 🗌 Addition	1
STREET ADDRESS			NAME STREET ADDRESS_			•			
CITY-ST-ZIP		- ·	CITY-ST-ZIP		•				
TITLE		☐ Delete							4
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STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE									1
NAME		☐ Delete	TITLE				Chang	e 🔲 Addition	
STREET ADDRESS			NAME STREET ADDRESS						
CITY-ST-ZIP			STREET ADDRESS , CITY-ST-ZIP						
TITLE			~				<u> </u>		1
NAME		☐ Delete	TITLE				☐ Chang	e 🔲 Addition	
STREET ADDRESS	^		NAME						
CITY-ST-ZIP	d) -	,	STREET ADDRESS CITY-ST-ZIP						
11. I hereby c	ertify the tradition of the state of the	this filiable does in the country of			110:		 		1
indicated	ertify that the information supplied with	this filing does not qualify for	tine exemption stated	ın Secti	on 119.07(3)(i), Florida Statutes. I	turther certify that the	information	

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 in 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

E AND THE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGI

BER. MANAGER OR AUTHORIZED REPORT

19/0

*352-30*8-7333

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