**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jan 31, 2002 8:00 am **Secretary of State** DOCUMENT # L01000013008 1. Entity Name 01-31-2002 90026 017 \*\*\*\*50.00 SAMURAI TRADING, LLC Principal Place of Business Mailing Address 5260 SOUTH LANDINGS DR. 5260 SOUTH LANDINGS DR. ARIEL #1708 ARIEL #1708 FORT MYERS FL 33919 FORT MYERS FL 33919 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For EIN 65-1158161 Not Applicable Zip Country Country -\$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent George E Hughes St STRAUSS, JEROME M Street Address (P.O. Box Number is Not Acceptable) 5260 S. LANDINGS 5129 CASTELLO DRIVE SUITE 1 1700 NAPLES FL 34103 8. The above name dentity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE . (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES GENEFAL PARTNER TITI F ☐ Change Addition TITLE ☐ Delete CR2E083 (9/01 George E Hughes St 5260 S. LANDING Dr NAME NAME STREET ADDRESS STREET ADDRESS uyers FL CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITL F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY: ST-ZIP TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filling 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

this report as required by Chapter 608, Florida Statutes.

SIGNATURE: OR AUTHORIZED REPRESENTATIVE

limited liability company or the receiver or trustee empowers