

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90354 027 ****55.00

DOCUMENT # L01000014291

1. Entity Name

FT. PIERCE IMPORTS, LLC

Principal Place of Business

Mailing Address

~~1280 NORTH CONGRESS AVE., STE. 109~~
~~WEST PALM BEACH FL 33409~~

~~1280 NORTH CONGRESS AVE., STE. 109~~
~~WEST PALM BEACH FL 33409~~

2. Principal Place of Business

1850 SOUTH US HIGHWAY 1

3. Mailing Address

1850 SOUTH US HIGHWAY 1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. PIERCE, FL

City & State

FT. PIERCE, FL

4. FEI Number

65-1135801

Applied For

Not Applicable

Zip

Country

34950

USA

Zip

Country

34950

USA

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

THOMPSON, DOUGLAS E
1280 NORTH CONGRESS AVE., STE. 109
WEST PALM BEACH FL 33409

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.

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 ~~MGRM~~ ☒ Delete
NAME ~~TANTILLO, ANTHONY~~
STREET ADDRESS ~~730 ROUTE 112 (MEDFORD AVENUE)~~
CITY-ST-ZIP ~~PATCHOGUE NY 11772~~

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

TITLE MGRM ☐ Delete
NAME DOUGLASS, BRETT
STREET ADDRESS 1850 U.S. HIGHWAY 1
CITY-ST-ZIP FT PIERCE FL 34950

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:  **BRETT DOUGLASS**
MANAGING MEMBER

01/15/02

(561) 468-3100

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

Date

Daytime Phone #

CR2E083 (9/01)