

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000014367

1. Entity Name

N.G., LLC

1/

**FILED**  
**Feb 25, 2002 8:00 am**  
**Secretary of State**

01-16-2002 90245 007 \*\*\*\*50.00

Principal Place of Business

C/O NELSON-HESSE  
2070 RINGLING BLVD.  
SARASOTA FL 34237

Mailing Address

P.O. BOX 20163  
SARASOTA FL 34276

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

05-1152769

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PEAL, GARY W ESQ.  
2070 RINGLING BLVD.  
SARASOTA FL 34237

7. Name and Address of New Registered Agent

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

TITLE NAME **MANAGING MEMBER** ☐ Delete

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME **MANAGING MEMBER, PRES** ☐ Change ☒ Addition

A. DAVIDSON WEST  
P.O. BOX 20163  
SARASOTA, FL 34276

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

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]*

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

1/11/02

Date

941-928-1502

Daytime Phone #

CR2E083 (9/01)