

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000014522

1. Entity Name

BRIGITTE L. GARDEY, L.L.C.

Principal Place of Business

444 SEABREEZE BOULEVARD, SUITE 600
DAYTONA BEACH FL 32118

Mailing Address

444 SEABREEZE BOULEVARD, SUITE 600
DAYTONA BEACH FL 32118

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

Applied For
☒ Not Applicable

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

GARDEY, BRIGITTE L
444 SEABREEZE BOULEVARD, SUITE 600
DAYTONA BEACH FL 32118

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 NAME STREET ADDRESS CITY-ST-ZIP	MGR GARDEY, BRIGITTE L 444 SEABREEZE BOULEVARD, SUITE 600 DAYTONA BEACH FL 32118	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(2)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall be that of the person who made the filing, or the person who made the filing as 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED
May 27, 2002 8:00 am
Secretary of State

05-06-2002 90128 034 ****50.00



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)