

2002 UNIFORM BUSINESS REPORT (UBR)

May 13, 2002 8:00 am
Secretary of State

05-13-2002 90209 010 ****50.00

DOCUMENT # L01000015863

1. Entity Name
IST ENTERPRISES, L.L.C.

Principal Place of Business

1306 S.E. 46TH LANE
CAPE CORAL FL 33904

Mailing Address

C/O ROBERT D. ROYSTON, JR.
P.O. BOX 60205
FT. MYERS FL 33906

2. Principal Place of Business

1306 SE 46th Street

3. Mailing Address

Suite, Apt. #, etc.

City & State

Cape Coral, FL

City & State

Zip

33904

Country

USA

Zip

Country

4. FEI Number

65-1141602

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROYSTON, ROBERT D JR.
1287D NEW BRITANNY BLVD.
SUITE 101
FT. MYERS FL 33907

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 applicable)

DATE

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Manfred Schneider 1306 SE 46th Street Cape Coral, FL 33904 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Eva Schneider 1306 SE 46th Street Cape Coral, FL 33904 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Additio
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

MANFRED SCHNEIDER

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

Date

City/Time Phone #