

2003
2002 UNIFORM BUSINESS REPORT (UBR)

0006636

DOCUMENT # L01000019582

1. Entity Name
C.V.M. BAR CONCEPTS, LLC

FILED

2003 JAN 21 AM 10:45

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Principal Place of Business
1216 CYPRESS BEND CIR.
MELBOURNE FL 32934
US

Mailing Address
1216 CYPRESS BEND CIR.
MELBOURNE FL 32934
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1765 HIGHWAY A1A
Suite, Apt. #, etc.

3. Mailing Address
1765 HIGHWAY A1A
Suite, Apt. #, etc.

City & State
SATELLITE BCH FL
Zip
32937
Country
BAHAMAS

City & State
SATELLITE BCH, FL
Zip
32937
Country
BAHAMAS

4. FEI Number
593751743
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
COSTELLIC, DARRELL J
1216 CYPRESS BEND CIR.
MELBOURNE FL 32934

7. Name and Address of New Registered Agent
Name: COSTELLIC, DARRELL
Street Address (P.O. Box Number is Not Acceptable)
1765 HIGHWAY A1A
City: SATELLITE BCH, FL Zip Code: 32937

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE 1/13/03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COSTELLIC, DARRELL J 1216 CYPRESS BEND CIR. MELBOURNE FL 32934 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VAN DYCK, KEN 64 EMERALD CT. SATELLITE BCH, FL 32937 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MAYES, JAMES 1238 CYPRESS BEND CIR. MELBOURNE FL 32934 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE
1/13/03 321-259-2629
Date Daytime Phone #