

2003
2002 UNIFORM BUSINESS REPORT (UBR)

0005638

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

City & State
SATELLITE BCH, FL

Zip
32937

Country
BRUNARD

Zip
32937

Country
BRUNARD

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

200010403547 Change Addition
01721703-01106-022 ****50.00**
S02137905795
05/12/02 90596 036 \$50

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 REQUIRED** DATE **1/13/03** DAYTIME PHONE # **321-259-2629**

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

0005638 (1/03)