

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000020896

1. Entity Name  
24K/FIDDLE L.L.C. BENNY LUD  
NAPLES LAWDOCK, INC.

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

08-25-2002 90200 025 \*\*\*\*50.00

Principal Place of Business Mailing Address  
3635 BONITA BEACH ROAD 3635 BONITA BEACH ROAD  
SUITE 4 SUITE 4  
BONITA SPRINGS FL 33143 BONITA SPRINGS FL 33143

2. Principal Place of Business 3. Mailing Address  
15601 Fiddlesticks Blvd 15601 Fiddlesticks Blvd  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
FT Myers FL FT Myers FL  
Zip Country Zip Country  
33912 USA 33912 USA



DO NOT WRITE IN THIS SPACE

4. FFL Number 59-3760174 Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

NAPLES-LAWDOCK, INC.  
4501 NORTH TAMiami TRAIL, SUITE 300  
NAPLES FL 34103

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

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 September 25, 2002

## 9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WALTON, DOUGLAS L 3635 BONITA BEACH ROAD BONITA SPRINGS FL 33143	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Bruce Bergman 15601 Fiddlesticks Blvd FT MYERS FL 33912	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Douglas Walton 15601 Fiddlesticks Blvd FT MYERS FL 33912	<input checked="" 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
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

Date

Daytime Phone #

8/28/02 239 770 0702

0012996

CR2E083 (4/02)