

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90022 029 ****50.00

DOCUMENT # L01000022254

1. Entity Name

CHARLOTTE COUNTY PARK OF COMMERCE, LLC



Principal Place of Business

**1100 COMMERCIAL BLVD.
SUITE 118
NAPLES FL 34104**

Mailing Address

**1100 COMMERCIAL BLVD.
SUITE 118
NAPLES FL 34104**

2. Principal Place of Business

**3073 SOUTH HORSESHOE DRIVE
SUITE 118
NAPLES, FLORIDA 34104**

3. Mailing Address

**3073 SOUTH HORSESHOE DRIVE
SUITE 118
NAPLES, FLORIDA 34104**



☐ CHECK HERE IF MAKING CHANGES

City & State

Country

City & State

Country

4. FEI Number

04-3589749

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

**MCKINLEY, MICHAEL R ESQ.
18401 MURDOCK CIRCLE
PORT CHARLOTTE FL 33948**

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
VETTER, RICHARD
1100 COMMERCIAL BLVD #118
NAPLES FL 34104** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**3073 SOUTH HORSESHOE DRIVE
SUITE 118
NAPLES, FLORIDA 34104** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ARNOLD, DONALD L
1100 COMMERCIAL BLVD #118
NAPLES FL 34104** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**3073 SOUTH HORSESHOE DRIVE
SUITE 118
NAPLES, FLORIDA 34104** ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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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 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 #

2/3/03

239-643-6333

CR2E083 (10/02)