

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90023 017 \*\*\*\*50.00

**DOCUMENT # L01000022558**

1. Entity Name

**APERIO SERVICES, LLC**



Principal Place of Business

**950 S TAMiami TRAIL  
SUITE 102  
SARASOTA FL 34236  
US**

Mailing Address

**950 S TAMiami TRAIL  
SUITE 102  
SARASOTA FL 34236  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **01-0571055**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**EDWARDS, JOSEPH D  
301 N FRANKLIN ST  
SUITE 2100  
TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name **K. ROBERT WISNER, ESQ.**

Street Address (P.O. Box Number is Not Acceptable)

**950 S. TAMiami TRAIL, STE 102**

City **SARASOTA,**

**FL**

Zip Code

**34236**

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

**K. ROBERT WISNER, ESQ.**

**3/20/03**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **P** ☐ Delete  
NAME **EUGINO, CARL**  
STREET ADDRESS **950 S TAMiami TRAIL SUITE 102**  
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE **VP** ☐ Delete  
NAME **DUS, IVAN**  
STREET ADDRESS **950 S TAMiami TRAIL**  
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE **MGR** ☐ Delete  
NAME **COLARUSSO, DOMINIC**  
STREET ADDRESS **138 N 3RD STREET**  
CITY-ST-ZIP **OLEAN NY 14760**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
NAME **GUGINO, CARL**  
STREET ADDRESS  
CITY-ST-ZIP **(CORRECT SPELLING)**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **DELETE**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

**CARL GUGINO**

**3/20/03**

**941 955-2885**

Date

Daytime Phone #

CR2E083 (10/02)