

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90344 016 ****50.00

DOCUMENT # L02000000425

1. Entity Name
SPECTATORS3 LLC



Principal Place of Business

**638 SHORELINE DRIVE
C/O JOE SKLADANY
NAPLES FL 34119**

Mailing Address

**638 SHORELINE DRIVE
C/O JOE SKLADANY
NAPLES FL 34119**

2. Principal Place of Business

8939 TAMiami TRAIL NORTH

Suite, Apt. #, etc.

3. Mailing Address

8939 TAMiami TRAIL NORTH

Suite, Apt. #, etc.

City & State

NAPLES, FLORIDA

City & State

NAPLES, FLORIDA

4. FEI Number

02-0533455

Applied For

Not Applicable

Zip

Country

34108 USA

Zip

Country

34108 USA

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

**SKLADANY, JOE
638 SHORELINE DRIVE
NAPLES FL 34119**

Name

ERIC HYDE

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

8939 TAMiami TRAIL NORTH

City

NAPLES

FL

Zip Code

34108

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

1/15/03

**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 **MGR** ☒ Delete
NAME **SKLADANY, JOE**
STREET ADDRESS **638 SHORELINE DRIVE**
CITY-ST-ZIP **NAPLES FL 34119**

TITLE **MANAGER** ☒ Change ☐ Addition
NAME **ERIC HYDE**
STREET ADDRESS **8939 TAMiami TRAIL NORTH**
CITY-ST-ZIP **NAPLES, FLORIDA 34108**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 REQUIRED

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

1/15/03

239-253-2592

Date

Daytime Phone #

CR2E083 (10/02)