

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

02-05-2003 90030 009 ****55.00

DOCUMENT # L02000005698

1. Entity Name

CORKSCREW RV, BOAT AND VEHICLE STORAGE, L.L.C.



Principal Place of Business

**4836 BONITA BEACH RD., STE. 6
BONITA SPRINGS FL 34134**

Mailing Address

**4836 BONITA BEACH RD., STE. 6
BONITA SPRINGS FL 34134**

2. Principal Place of Business

8901 Commons Way

3. Mailing Address

10080 Ginger Pt. Crt.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Estero, Florida

City & State

Bonita Springs

Zip

Country

33928 Lec

Zip

Country

34135 Lec

4. FEI Number

02-0568650

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BORDNER, DONALD B
4836 BONITA BEACH RD., STE. 6
BONITA SPRINGS FL 34134**

7. Name and Address of New Registered Agent

Name

Jim J. Walts

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

10080 Ginger Pointe Court

City

Bonita Springs

FL

Zip Code

34135

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

Jim J. Walts

(NOTE: Registered Agent signature required when reinstating)

Jan. 30, 2003

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **WALTS, JIM J**
STREET ADDRESS **10080 GINGER POINTE COURT**
CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
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

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 REQUIRED

Jim J. Walts

01/30/03

239-949-2327

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

Date

Daytime Phone #

CR2E083 (10/02)