

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90034 010 ****50.00

0037762

DOCUMENT # L02000015524

1. Entity Name

GAILLARD FAMILY LLC



Principal Place of Business

**C/O CHARLES W. GAILLARD
3415 RUM ROW
NAPLES FL 34102**

Mailing Address

**C/O CHARLES W. GAILLARD
3415 RUM ROW
NAPLES FL 34102**

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

54-210-4801

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CLASP INC
C/O CUMMINGS & LOCKWOOD
24311 WALDEN CENTER DRIVE, SUITE 201
BONITA SPRINGS FL 34134**

7. Name and Address of New Registered Agent

Name

CHARLES W. GAILLARD

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

3415 RUM ROW

City

NAPLES

FL

Zip Code

34102

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

Charles W. Gaillard

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

3/26/03

DATE

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 **GAILLARD, CHARLES W**
STREET ADDRESS **3415 RUM ROW**
CITY-ST-ZIP **NAPLES FL 34102**

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

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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:

Charles W. Gaillard

SIGNATURE REQUIRED

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

3/26/03 239-435-1626

Date

Daytime Phone #

CR2E083 (10/02)