

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2003 8:00 am**  
**Secretary of State**

04-22-2003 90180 010 \*\*\*\*50.00

**DOCUMENT # L02000023838**

1. Entity Name

**NANCY BLACK AND ASSOCIATES, LLC**



Principal Place of Business

Mailing Address

~~3327 TIMBERWOOD CIRCLE~~  
NAPLES FL 34105

12929  
BRYNWOOD WAY

~~3327 TIMBERWOOD CIRCLE~~  
NAPLES FL 34105

12929  
BRYNWOOD WAY

**44002353**



2. Principal Place of Business

12929 BRYNWOOD WAY

3. Mailing Address

12929 BRYNWOOD WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES

City & State

NAPLES FL

Zip

FL

Country

34105

Zip

34105

Country

4. FEI Number

579-60-7716

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BLACK, NANCY

~~3327 TIMBERWOOD CIRCLE~~  
NAPLES FL 34105

12929 BRYNWOOD WAY

7. Name and Address of New Registered Agent

Name

NANCY K BLACK

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

12929 BRYNWOOD WAY

City

NAPLES

FL

Zip Code

34105

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

*Nancy K Black*

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

(NOTE: Registered Agent signature required when reinstating)

4/10/03

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 NAME STREET ADDRESS CITY-ST-ZIP	<del>PRESIDENT</del> <del>NANCY K BLACK</del> <del>12929 BRYNWOOD WAY</del> <del>NAPLES FL 34105</del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NANCY K BLACK 12929 BRYNWOOD WAY MGRM NAPLES FL 34105	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Nancy K Black</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Nancy K Black*

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

4/10/03

Date

239-403-0384

Daytime Phone #

CR2E083 (10/02)