

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90089 020 ****50.00

DOCUMENT # L02000028775

1. Entity Name

KWB ENTERPRISES, LLC



Principal Place of Business

**3400 S. TAMiami TRAIL
SUITE 202
SARASOTA FL 34239**

Mailing Address

**3400 S. TAMiami TRAIL
SUITE 202
SARASOTA FL 34239**

2. Principal Place of Business

7040 N. Tamiami Trail

3. Mailing Address

Suite, Apt. #, etc.

City & State

Sarasota FL

Zip

34243

Country

Manatee

City & State

Sarasota FL

Zip

34239

Country

Manatee



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

01-0751085

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**LUZIER, THOMAS B ESQ
3400 S. TAMiami TRAIL
SUITE 202
SARASOTA FL 34239**

7. Name and Address of New Registered Agent

Name

Melissa K. RICE, ESQ

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

1900 Main Street, Suite 300

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/22/03

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Gary L. Barwick, Manager
7040 N. TAMiami TRAIL
SARASOTA, FL 34243

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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10. ADDITIONS/CHANGES

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☐ Change ☐ Addition

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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

Date

Daytime Phone #

4/22/03 **941-359-0390** **741-360-8438**

CR2E083 (10/02)

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