

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 21, 2007 8:00 am
Secretary of State

08-21-2007 90048 020 ****50.00

DOCUMENT # L04000008218

1. Entity Name

UBTC, LLC



Principal Place of Business

6535 VALEN WAY, #202
NAPLES FL 34108

Mailing Address

6535 VALEN WAY, #202
NAPLES FL 34108



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E083 (4/07)

4. FEI Number

20-2308350

Applied For

Not Applicable

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

LUSBY, ROGER W JR
6535 VALEN WAY, #202
NAPLES FL 34108

Name

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

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 5, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME LUSBY, ROGER W JR
STREET ADDRESS 6535 VALEN WAY, #202
CITY- ST- ZIP NAPLES FL 34108 98% ☐ Delete

TITLE MGRM
NAME LUSBY & SONS (FLA. PARTNERSHIP)
STREET ADDRESS 6535 VALEN WAY #202
CITY- ST- ZIP NAPLES FL 34108 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGRM
NAME Margot M. Lusby
STREET ADDRESS 6535 Valen Way #202
CITY- ST- ZIP Naples, Fla. 34108 2% ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

R. W. Lusby

8/15/07 239-566-9044