

# 2001 UNIFORM BUSINESS REPORT (UBR)

0019692 AF

DOCUMENT # L94000000312

1. Entity Name

INNSERVCO, LTD. L.C.

FILED

01 APR 16 PM 8:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

12661 NEW BRITTANY BLVD.  
FT MYERS FL 33907

Mailing Address

12661 NEW BRITTANY BLVD.  
FT MYERS FL 33907

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0508842

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CODY, LADONNA J  
12661 NEW BRITTANY BLVD.  
FT MYERS FL 33907

7. Name and Address of New Registered Agent

Name

Frank A. Pavese, Jr.

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

4635 S. Del Prado Boulevard

City

Cape Coral

FL

Zip Code

33910

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.

SIGNATURE

*Frank A. Pavese, Jr.*

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

(NOTE: Registered Agent signature required when reinstating)

3/22/01

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

000004037020--7  
-04/20/01--01129--009  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGR LANGE, MICHAEL  
STREET ADDRESS TSINGTAUER STRASSEE 105  
CITY-ST-ZIP 81827 MUNICH, GERMANY ☐ Delete

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

TITLE NAME ☐ Change ☐ Addition  
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

April 3, 2001

Date

Daytime Phone #

CR2E083 (11/00)