

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L95000000460**1. Entity Name
CONTEX INDUSTRIES, L.C.Principal Place of Business
**201 8TH STREET SOUTH, SUITE 200
NAPLES FL 34102**Mailing Address
**201 8TH STREET SOUTH, SUITE 200
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

4. FEI Number **59-3360693**

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**7. Name and Address of New Registered Agent****BAKER, JOHN L IV
201 8TH STREET SOUTH, SUITE 200
NAPLES FL 34102**

Name

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

800003567638-9**-01/23/01--01057--002**

City

***** 10000 Zip Code 50.00**

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 F.....

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 Department of State****9. MANAGING MEMBERS/MEMBERS****10. ADDITIONS/CHANGES**TITLE ☐ Delete
NAME **MGR**
STREET ADDRESS **BAKER, JOHN L**
CITY-ST-ZIP **5845 22ND AVENUE, S.W.
NAPLES FL 34116**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

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

Date

Daytime Phone #

12 Jan 01**941 430 6060**