2002 UNIFORM BUSINESS REPORT (UBR)

Jan 31, 2002 8:00 am Secretary of State DOCUMENT # L9600000975 01-31-2002 90082 040 ****50.00 ALICE'S ON DUVAL, L.C. Mailing Address Principal Place of Business 3013 AIRPORT BLVD. TOOUT 3013 AIRPORT BLVD. KEY WEST FL 33040 KEY WEST FL 33040 والمراد والمواء الأ 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0703378 Not Applicable Country \$5.00 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RISPOLI, KAROLE Street Address (P.O. Box Number is Not Acceptable) 3013 AIRPORT BLVD. KEY WEST FL 33040 Zip Code City 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, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. MGRM ☐ Change ☐ Addition TITLE TITLE Delete RISPOLI, KAROLE K NAME NAME STREET ADDRESS STREET ADDRESS 3013 AIRPORT BLVD. CITY-ST-ZIP CITY-ST-ZIP KEY WEST FL 33040 **MGRM** Change Change ☐ Addition ☐ Delete TITLE TITLE RISPOLI, JERRY NAME NAME STREET ADDRESS STREET ADDRESS 3013 AIRPORT BLVD. CITY-ST-7IP CITY-ST-ZIP KEY WEST FL 33040 ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP_ -☐ Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P TITLE ☐ Change ☐ Addition Delete TITLE NAME NAME ! STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS 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.

FILED