

2001 UNIFORM BUSINESS REPORT (UBR)

0033046 IN

DOCUMENT # L97000001446

1. Entity Name

DUBEAU LIMITED LIABILITY COMPANY

FILED

01 FEB 21 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

4920 38TH WAY SOUTH, SUITE 203
ST PETERSBURG FL 33711

Mailing Address

ATTN: MICHAEL DUBEAU
475 BAY ST
MIDLAND, ONTARIO, CANADA L4R1L-1
OC

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

EVANS, TIM
C/O AMERICA FLORIDA REALTY INC.
800 NORTH HIGHLAND AVEUE SUITE 201
ORLANDO FL 32803

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.

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
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
DUBEAU, BRIAN PAUL
359 FIFTH STREET
MIDLAND, ONTARIO L4R 3W7

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
DUBEAU, MICHAEL W
35 ANNE STREET
PENETANGUISHENE, ONTARIO

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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4000003768334-5
-02/26/01--01129--009
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
DUBEAU, JAMES ALBERT
23 DUFFERIN STREET
PENETANGUISHENE, ONTARIO

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

Date

Daytime Phone #

FEB 15/01 705-549
3388 EXT 226

CR2E083 (11/00)