

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90062 044 \*\*\*\*50.00

0078087

**DOCUMENT # L97000001446**

1. Entity Name

**DUBEAU LIMITED LIABILITY COMPANY**



Principal Place of Business

**ATTN MICHAEL DUBEAU  
10 ROBERT STREET EAST  
PENETANG, ONTARIO, CANADA L9M1L-6**

Mailing Address

**ATTN MICHAEL DUBEAU  
10 ROBERT STREET EAST  
PENETANG, ONTARIO, CANADA L9M1L-6**

**20021557**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

TITLE ☐ 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 REQUIRED**

**January 17/02**

**1-705  
549-3328  
Ext 226**

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

Date

Daytime Phone #

CR2E083 (10/02)