

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000000238

1. Entity Name

CATALINA OF ANNA MARIA, L.C.



FILED
Jul 28, 2003 8:00 am
Secretary of State

07-28-2003 90065 042 ****50.00

0019702

Principal Place of Business

1325 GULF DRIVE
BRADENTON BEACH FL 34217

Mailing Address

1325 GULF DRIVE
BRADENTON BEACH FL 34217

30147000

2. Principal Place of Business

2746 DELAWARE AVE

Suite, Apt. #, etc.

3. Mailing Address

2746 DELAWARE AVE

Suite, Apt. #, etc.

City & State

KENMORE NEW YORK

Zip

14217

Country

ERIC

City & State

KENMORE NEW YORK

Zip

14217

Country

ERIC

4. FEI Number

16-1545258

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

KAKLIS, V. WILLIAM
1400 4TH AVENUE WEST
BRADENTON FL 34205

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 September 24, 2003

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	ALSHEIMER, RONALD Y	
STREET ADDRESS	2558 DELAWARE AVENUE	
CITY-ST-ZIP	BUFFALO NY 14216	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BLINKOFF, MICHAEL M	
STREET ADDRESS	2746 DELAWARE AVENUE	
CITY-ST-ZIP	KENMORE NY 14217	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 #

SIGNATURE: [Signature] 7-25/03 7168758916

CR2E083 (4/03)