| 2001 UNIFORM BUS | INESS REPO | RT (UBR | <u></u> | |
|--|--|---|---|---------|
| DOCUMENT # L9800001262 1. Entity Name | | | FILED | |
| SARASOTA TRADE PARK INVESTM | IENTS, LLC | | 01 APR -9 AM 11: 49 | |
| | | | SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| Principal Place of Business 2363 INDUSTRIAL BOULEVARD SARASOTA FL 34234 | Mailing Address 2363 INDUSTRIAL BOUL SARASOTA FL 34234 | EVARD | . ' | |
| 2. Principal Place of Business | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | 435 L'Ambiance. Suite, Apt. #, etc. | _Dr. | DO NOT WRITE IN THIS SPACE | |
| City & State City & State | | | 4. FEI Number Applied For | \neg |
| Zip Country . | Longboat Key, l | Country | 65-0948386 Not Applicat | ole |
| 6. Name and Address of Current | 34228 . Registered Agent | | 5. Certificate of Status Desired \$5.00 Additional Fee Required 7. Name and Address of New Registered Agent | _ |
| FROST, KLAUS 2363 INDUSTRIAL BOULEVARD SARASOTA FL 34234 | | Street Addi 435 L A | n A. Siegler dress (P.O. Box Number is Not Acceptable) Ambiance Dr., M608 | |
| | | Longboa | | |
| 8. The above named entity submits this statement for | r the purpose of changing its | registered office or req | egistered agent, or both, in the State of Florida. | |
| SIGNATURE Morton A. Siegler Signature, typed or printed name of registered agent | and title if applicable. (NOTE | E: Registered Agent signature ri | required when reinstating) DATE | |
| | | OW!!! FEE IS \$50 yable to Departme | | |
| 9. MANAGING MEMB | ERS/MEMBERS Delete | 10. | ADDITIONS/CHANGES ☐ Change ☐ Addition | - (Q) |
| NAME FROST, KLAUS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34234 | EL Delete | NAME STREET ADORESS CITY-ST-ZIP | Citalige Account | S (11/0 |
| TITLE MGRM NAME BURBOL, CHARLES J STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34242 | ⊠ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | □ Change □ Addition □ Change □ Addition □ A | |
| TITLE MGRM NAME MYERS, MARTIN STREET ADDRESS 13353 NORTH BRANCH ROAD | ▼ Delete | TITLE NAME | ************************************* | 'n |
| CITY-ST-ZIP SARASOTA FL 34240 | | STREET ADDRESS CITY+ST+ZIP | | İ |
| | Defete | | . Change Addition | ın |
| TITLE MGRM NAME BROWNING, RICAHRD 9703 BRADEN RUN | Delete | CITY-ST-ZIP TITLE NAME STREET ADDRESS | Change Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADRESS STREET ADDRESS STREET A | ☐ Delete | CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | | on |
| CITY-ST-ZIP SARASOTA FL 34240 TITLE MGRM BROWNING, RICAHRD 9703 BRADEN RUN BRADENTON FL 34202 TITLE MGRM NAME BICK, MAURICE STREET ADDRESS CITY-ST-ZIP NEWARK NJ 07114 TITLE MGRM NAME BICK, MAURICE STREET ADDRESS CITY-ST-ZIP NEWARK NJ 07114 MGRM MORTON A. SEIGLER REVOCAB 435 L'AMBIANCE DRIVE (M608) LONGBOAT KEY FL 34228 11. I hereby certify that the information supplied with | Delete Delete LE LIVING TRUST This filling does not qualify for that my signature shall have to | CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP THE ADDRESS CITY-ST-ZIP THE ADDRESS CITY-ST-ZIP | Change Additio | on |