

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002387

1. Entity Name
AQUAPORT, L.C.

APPROVE
AND
FILED

01 MAY -3 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
568 9TH STREET SOUTH
#137
NAPLES, FLORIDA 34102

Mailing Address
568 9TH STREET SOUTH
#137
NAPLES, FLORIDA 34102

2. Principal Place of Business
568 9TH STREET SOUTH
Suite, Apt. #, etc.

3. Mailing Address
568 9TH STREET SOUTH
Suite, Apt. #, etc.

137
City & State
NAPLES, FLORIDA

137
City & State
NAPLES, FLORIDA

4. FEI Number
481208626

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

Zip Country Zip Country
34102 USA 34102 USA

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BURKE, NORMAN C
568 9TH STREET SOUTH
#137
NAPLES, FLORIDA 34102

Name
JANE YEAGER CHEFFEY, ESQ.
Street Address (P.O. Box Number is Not Acceptable)
2375 TAMiami TRAIL NORTH
SUITE 310
City Zip Code
NAPLES FL 34103

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]*
Signature, typed or printed name of registered agent and title if applicable

NOT Registered Agent signature required when reinstating

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

300004326039
05/29/01-01134-014
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
MANAGER	BURKE, NORMAN C	568 9TH STREET SOUTH #137	NAPLES, FLORIDA 34102	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete

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

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

Date

Daytime Phone #

CR2E083 (1/1/00)