

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002387

1. Entity Name

Aquaport, LC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 DEC 10 PM 3:03

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

568 Ninth Street

Suite, Apt. #, etc.

Suite 137

City & State

Naples, FL

Zip

34102-6620

Country

USA

3. Mailing Address

568 Ninth Street

Suite, Apt. #, etc.

Suite 137

City & State

Naples, FL

Zip

34102-6620

Country

USA

4. FEI Number

48-1208626

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Norman C. Burke

Street Address (P.O. Box Number is Not Acceptable)

568 Ninth Street

Suite 137

City

Naples

FL

Zip Code

34102-6620

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.

DATE

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Norman C. Burke 568 Ninth St, Ste 137 Naples, FL 34102-6620	TITLE NAME STREET ADDRESS CITY-ST-ZIP	302155915505 05/22/02 90232 027 \$150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Norman C. Burke

11-21-02