

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0011966 AF

DOCUMENT # L98000002721

1. Entity Name
DISTINCTIVE FINISHES, L.L.C.

00 APR 21 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
24300 S. TAMiami TRAIL
BONITA SPRINGS FL 34134

Mailing Address
PO BOX 366699
BONITA SPRINGS FL 34136-6699



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

mm DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0876132 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

QUILLEN, ROBERT J
2651 PARK WINDSOR DRIVE, SUITE 201
FORT MYERS FL 33901

7. Name and Address of New Registered Agent

Name Quillen, Robert J.
Street Address (P.O. Box Number is Not Acceptable)
24300 S. Tamiami Trail
City Bonita Springs FL Zip Code 34134

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 *Robert J. Quillen* 4/17/2000
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 Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Delete
MGR	QUILLEN, ROBERT J	2651 PARK WINDSOR DRIVE, SUITE 201	FORT MYERS FL 33901	<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

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
MGR	M	24300 S. Tamiami Trail	Bonita Springs, FL 34134	<input checked="" type="checkbox"/>	<input type="checkbox"/>
MGR	M	Massey, Mark	24300 S. Tamiami Trail	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		600003242886--B	-05/08/00--01109--009		
		*****50.00	*****50.00		
TITLE	NAME	STREET ADDRESS <td>CITY - ST - ZIP</td> <td>Change</td> <td>Addition</td>	CITY - ST - ZIP	Change	Addition
TITLE	NAME	STREET ADDRESS <td>CITY - ST - ZIP</td> <td>Change</td> <td>Addition</td>	CITY - ST - ZIP	Change	Addition
TITLE	NAME	STREET ADDRESS <td>CITY - ST - ZIP</td> <td>Change</td> <td>Addition</td>	CITY - ST - ZIP	Change	Addition

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 *Robert J. Quillen* 4/17/2000 992-7765
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)