

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90012 021 ****50.00

DOCUMENT # L99000000360

1. Entity Name

MORGAN DOUGLAS ENTERPRISES, L.C.



Principal Place of Business

**28200 OLD US 41
STE 208
BONITA SPRINGS FL 34135**

Mailing Address

**28200 OLD US 41
STE 208
BONITA SPRINGS FL 34135**

2. Principal Place of Business

28200 OLD 41 ROAD

3. Mailing Address

28200 OLD 41 ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3558855

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HUNTER, SCOTT D ESQ.
11823 NIGHT HERON DRIVE
NAPLES FL 34119**

Name

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

2786 OLDE CYPRESS DRIVE

City

NAPLES

FL

Zip Code

34119

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

2/10/03

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HUNTER, SCOTT D 11823 NIGHT HERON DRIVE NAPLES FL 34119	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HUNTER, LESLIE N 11823 NIGHT HERON DRIVE NAPLES FL 34119	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HUNTER, SCOTT D II 11823 NIGHT HERON DRIVE NAPLES FL 34119	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HUNTER, TRACY M 11823 NIGHT HERON DRIVE NAPLES FL 34119	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP	2786 OLDE CYPRESS DRIVE NAPLES FL 34119	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	2786 OLDE CYPRESS DRIVE NAPLES FL 34119	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	2786 OLDE CYPRESS DRIVE NAPLES, FL 34119	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	2786 OLDE CYPRESS DRIVE NAPLES, FL 34119	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS 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:

SIGNATURE REQUIRED

2/10/03

(239) 390-0950

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

Date

Daytime Phone #

0076413

CF2E083 (10/02)