

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90018 036 ****50.00

0039408

DOCUMENT # L99000000667

1. Entity Name
REINERT ENTERPRISES, L.L.C.



Principal Place of Business: **9240 BONITA BEACH ROAD, SUITE 1117 BONITA SPRINTS FL 34135**
 Mailing Address: **9240 BONITA BEACH ROAD, SUITE 1117 BONITA SPRINTS FL 34135**

946963



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **27299 Riverview Center Blvd.**
 3. Mailing Address: **27299 Riverview Center Blvd.**

Suite, Apt. #, etc.: **Suite #102**

City & State: **Bonita Springs, FL 34135**

4. FEI Number: **59-3594290**
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
WINER, STEVEN I
2320 FIRST ST.
FORT MYERS FL 33901

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ **FL** Zip Code: _____

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS	
TITLE: MGR NAME: REINERT, PATRICK B STREET ADDRESS: 9240 BONITA BEACH ROAD, SUITE 1117 CITY-ST-ZIP: BONITA SPRINGS FL 34135	<input type="checkbox"/> Delete
TITLE: MGR NAME: REINERT, KIRT A STREET ADDRESS: 9240 BONITA BEACH ROAD, SUITE 1117 CITY-ST-ZIP: BONITA SPRINGS FL 34135	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE: MGR NAME: Reinert, Patrick B. STREET ADDRESS: 27299 Riverview Center Blvd #102 CITY-ST-ZIP: Bonita Springs, FL 34134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: MGR NAME: Reinert, Kirt A. STREET ADDRESS: 27299 Riverview Center Blvd. #102 CITY-ST-ZIP: Bonita Springs, FL 34134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Patrick B. Reinert** **REINERT** **5 APR 2002**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CFR2E083 (9/01)