

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L99000000667**

1. Entity Name

REINERT ENTERPRISES, L.L.C.**FILED**
Apr 30, 2002 8:00 am
Secretary of State

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

0039408

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**

2. Principal Place of Business

27299 Riverview Center Blvd.

3. Mailing Address

27299 Riverview Center Blvd.

Suite, Apt. #, etc.

Suite #102

Suite, Apt. #, etc.

Suite #102

City & State

Bonita Springs, FL 34135

City & State

Bonita Springs, Florida

4. FEI Number

59-3594290

Applied For

Not Applicable

Zip

34134

Country

U.S.

Zip

34134

Country

U.S.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

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
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	REINERT, PATRICK B	
STREET ADDRESS	9240 BONITA BEACH ROAD, SUITE 1117	
CITY-ST-ZIP	BONITA SPRINTS FL 34135	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	REINERT, KIRT A	
STREET ADDRESS	9240 BONITA BEACH ROAD, SUITE 1117	
CITY-ST-ZIP	BONITA SPRINTS FL 34135	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Reinert, Patrick B.	
STREET ADDRESS	27299 Riverview Center Blvd #102	
CITY-ST-ZIP	Bonita Springs, FL 34134	
TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Reinert, Kirt A.	
STREET ADDRESS	27299 Riverview Center Blvd. #102	
CITY-ST-ZIP	Bonita Springs, FL 34134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

5 APRIL 2002

Date

Daytime Phone #

CR2E083 (9/01)