

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 13 PM 3: 03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000000917

1. Entity Name

NOSONS LIMITED COMPANY

Principal Place of Business

2340 PERIWINKLE WAY, SUITE J-3
SANIBEL ISLAND FL 33957

Mailing Address

2340 PERIWINKLE WAY, SUITE J-3
SANIBEL ISLAND FL 33957-3220

2. Principal Place of Business

2340 Periwinkle Way

3. Mailing Address

2340 Periwinkle Way

Suite, Apt. #, etc.

Suite I-2

Suite, Apt. #, etc.

Suite I-2

City & State

Sanibel Island, FL 33957

City & State

Sanibel Island, FL 33957

MM

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0960473

Applied For

Not Applicable

Zip

33957

Country

Lee

Zip

33957

Country

Lee

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RATLIFF, ROBERT LEE III

2340 PERIWINKLE WAY, SUITE J-3

SANIBEL ISLAND FL 33957

7. Name and Address of New Registered Agent

Name

Robert Lee Ratliff III

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

2340 Periwinkle Way

Suite I-2

City

Sanibel Island

FL

Zip Code
33957

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

4-12-00

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MGRM ☐ Delete
NAME EDMONDSON WATSON, CLIVE
STREET ADDRESS 2340 PERIWINKLE WAY, SUITE J-3
CITY-ST-ZIP SANIBEL ISLAND FL 33957

TITLE MGRM ☐ Delete
NAME WATSON, BRENDA NORMA
STREET ADDRESS 2340 PERIWINKLE WAY, SUITE J-3
CITY-ST-ZIP SANIBEL ISLAND FL 33957

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Change ☐ Addition
NAME Clive, Watson
STREET ADDRESS 2340 Periwinkle Way, Suite I-2
CITY-ST-ZIP Sanibel Island, FL 33957

TITLE MGRM ☒ Change ☐ Addition
NAME Watson, Brenda Norma
STREET ADDRESS 2340 Periwinkle Way, Suite I-2
CITY-ST-ZIP Sanibel Island, FL 33957

TITLE ☐ Change ☐ Addition
NAME 300003237013--9
STREET ADDRESS -05/03/00--01070--019
CITY-ST-ZIP *****50.00 *****50.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 OR MANAGER

Date

Daytime Phone #

4-12-00

CR2E083 (9/99)