## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 20, 2002 8:00 am<sup>§</sup> Secretary of State DOCUMENT # L9900001582 1. Entity Name 05-20-2002 90289 001 \*\*\*150.00 SUROCO INVESTMENTS-SOUTHWEST, L.L.C. Principal Place of Business Mailing Address -1783 APEX ROAD 1763 APEX ROAD SARASOTA FL 34240 SARASOTA FL 34240 DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 65-0918528 Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CHAPNICK, BRUCE P Street Address (P.O. Box Number is Not Acceptable) 2033 MAIN STREET, SUITE 600 SARASOTA FL 34237 Zip Code City 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 ŧ. FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS ☐ Addition Change MGR Delete TITLE TITLE SUTTER, STEPHEN F NAME NAME 8284 VICO STREET ADDRESS STREET ADDRESS 1763 APEX ROAD ~ CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34240 Change ☐ Addition TITLE MGR ☐ Delete TITLE SUTTER, MELINDA D NAME NAME 8284 VICO CT STREET ADDRESS STREET ADDRESS 1763 APEX ROAD CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34240 ☐ Addition Change \_\_\_ TITLE Delete \_\_\_\_ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

SIGNATURE:

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.

**FILED**