

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2002 8:00 am
Secretary of State

01-28-2002 90018 041 ****50.00

DOCUMENT # L99000001902

1. Entity Name
C. M. BEAMS, L.L.C.

Principal Place of Business

~~1000 SO. US 1 LOT 115~~
VERO BEACH FL 32962

Mailing Address

~~1000 SO. US 1 LOT 115~~
VERO BEACH FL 32962

2. Principal Place of Business

5976-20TH ST
~~Subst. Apt. #, etc.~~ **# 251**

3. Mailing Address

5976-20TH ST
~~Subst. Apt. #, etc.~~ **# 251**

City & State

VERO BEACH, FL

City & State

VERO BEACH, FL

Zip **32966**

Country **USA**

Zip **32966**

Country **USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0913239**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GINDLESPIRGER, RON
~~1000 SO. US 1 LOT 115~~
VERO BEACH FL 32962

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 **MGRM** ☐ Delete
NAME **GINDLESPIRGER, RONALD**
STREET ADDRESS ~~1000 SO. US 1 LOT 115~~
CITY-ST-ZIP **VERO BEACH FL 32962**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **5976-20TH ST - # 251**
CITY-ST-ZIP **VERO BEACH, FL 32966**

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

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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, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/30/02 925-455-6831
Date Daytime Phone #

CR2E083 (9/01)