

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000002357**

1. Entity Name

WITHOUTBRICKS.COM, LLC

FILED

01 JAN 25 PM 2:45

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



Principal Place of Business

**12650 COLLIER'S RESERVE DRIVE
NAPLES FL 34110**

Mailing Address

**12650 COLLIER'S RESERVE DRIVE
NAPLES FL 34110**

2. Principal Place of Business

809 WALKERBILT RD, STE 4

3. Mailing Address

809 WALKERBILT RD #4

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES FL

City & State

NAPLES FL

4. FEI Number

65-0911836

Applied For

APPLIED FOR

Not Applicable

Zip

34110

Country

USA

Zip

34110

Country

USA

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**THAYER, PETER W
12650 COLLIER'S RESERVE DRIVE
NAPLES FL 34110**

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

Peter Thayer

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-22-01

DATE

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

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THAYER, PETER W 12650 COLLIER'S RESERVE DRIVE NAPLES FL 34110 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**400003602654--6
-01/30/01-01 Change 024 Addition
*****50.00 *****50.00**

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:

Peter W Thayer

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

1-22-01

DATE

941-596-1637

DAYTIME PHONE #

CR2E083 (11/00)