

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003142

1. Entity Name

FAST CATS FERRY SERVICES, L.L.C.

**FILED**  
May 22, 2002 8:00 am  
Secretary of State

05-22-2002 90216 008 \*\*\*\*50.00

Principal Place of Business

275 8TH ST. E.  
BRADENTON FL 34208

Mailing Address

275 8TH ST. E.  
BRADENTON FL 34208

900000

2. Principal Place of Business

1300 Hendry Street  
Suite, Apt. #, etc.

3. Mailing Address

1300 Hendry Street  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
Ft. Myers, Florida

City & State  
Ft. Myers, Florida

4. FEI Number

65-0926045

Applied For

Not Applicable

Zip

Country

33901

USA

Zip

33901

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ANTOS, MARK  
560 SPINNAKER DR.  
LONGBOAT KEY FL 34208

7. Name and Address of New Registered Agent

Name

Joan Fridshal

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

220 North Tuttle Avenue, Suite B

City

Sarasota

FL

Zip Code

34237

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)

4/30/02  
DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
ANTOS, MARK  
560 SPINNAKER DR.  
LONG BOAT KEY FL 34208 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

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

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

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:

Mark Antos  
Managing Member  
President

4/30/02

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

Date

Daytime Phone #

CR2E083 (9/01)