

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2003 8:00 am
Secretary of State

02-25-2003 90087 002 ****50.00

DOCUMENT # L99000003449

1. Entity Name

M AND H ACQUISITIONS, L.L.C.



Principal Place of Business

**2025 LAGUNA WAY
NAPLES FL 34109**

Mailing Address

**2025 LAGUNA WAY
NAPLES FL 34109**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1016079**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CONROY, J. THOMAS
MORRISON & CONROY
2838 TAMiami TRAIL N., SUITE 402
NAPLES FL 34103**

7. Name and Address of New Registered Agent

Name

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

2640 Golden Gate Parkway, Ste. 115

Conroy, Coleman, HAZARD

City **Naples**

FL

Zip Code **34105**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **MOLA, DAVID**
CITY-ST-ZIP **2025 LAGUNA WAY
NAPLES FL 34109**

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **MOLA, MARYBETH**
CITY-ST-ZIP **2025 LAGUNA WAY
NAPLES FL 34109**

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **HALL, GORDON B JR**
CITY-ST-ZIP **500 OCEAN DR., APT. W8D
JUNO BEACH FL 33408**

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 ☐ 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

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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:

Marybeth Mola

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

2/12/03

Date

(239) 592-6145

Daytime Phone #

CR2E083 (10/02)