

# 2001 UNIFORM BUSINESS REPORT (UBR)

0025484 AF

DOCUMENT # L99000004199

1. Entity Name  
HEAVENLY CLAMS, L.C.

Principal Place of Business

7451 SADLER AVE.  
TANGERINE FL 32777

Mailing Address

PO BOX 67  
TANGERINE FL 32777

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 59-3610813

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAPP, B J  
7451 SADLER AVE #67  
TANGERINE FL 32777-0067

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM STEWART, OWEN ☐ Delete  
STREET ADDRESS 13900 WATERFRONT DR  
CITY-ST-ZIP PINELAND FL

TITLE NAME ☒ Change ☐ Addition  
STREET ADDRESS 4993 Sandpiper Dr  
CITY-ST-ZIP St James City FL 33956

TITLE NAME MGRM STEWART, SELENA ☐ Delete  
STREET ADDRESS 13900 WATERFRONT DR  
CITY-ST-ZIP PINELAND FL

TITLE NAME ☒ Change ☐ Addition  
STREET ADDRESS 4993 Sandpiper Dr  
CITY-ST-ZIP St James City FL 33956

TITLE NAME MGRM RAPP, M J ☐ Delete  
STREET ADDRESS 7451 SADLER AVE  
CITY-ST-ZIP TANGERINE FL

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

TITLE NAME MGRM RAPP, B J ☐ Delete  
STREET ADDRESS 7451 SADLER AVE  
CITY-ST-ZIP TANGERINE FL

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 500004102085-00  
CITY-ST-ZIP -05/01/01--01084--002  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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. CK1002

SIGNATURE: B. J. RAPP

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

4-16-01 3527351011

Date

Daytime Phone #

CR2E083 (11/00)