

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

04-10-2002 90017 042 \*\*\*\*50.00

0019292

**DOCUMENT # L99000004245**

1. Entity Name

**2503 DEL PRADO, LLC**

Principal Place of Business

**1625 CAPE CORAL PARKWAY  
 CAPE CORAL FL 33904**

Mailing Address

**1625 CAPE CORAL PARKWAY  
 CAPE CORAL FL 33904**

2. Principal Place of Business

**2503 Del Prado Blvd.**  
 Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 100454**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**Cape Coral, FL**

City & State

**Cape Coral, FL**

4. FEI Number

**65-0938207**

Applied For

Not Applicable

Zip **33904** Country **Lee**

Zip **33910** Country **Lee**

5. Certificate of Status Desired ☐

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**EZERINS, VILNIS  
 5341 NAUTILUS DRIVE  
 CAPE CORAL FL 33904**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR EZERINS, VILNIS 1625 CAPE CORAL PARKWAY CAPE CORAL FL 33904</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR ABBATTISTA, DENISE 1625 CAPE CORAL PARKWAY CAPE CORAL FL 33904</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PO BOX 100454 Cape Coral, FL 33910</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PO BOX 100454 Cape Coral, FL 33910</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> 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:

**Denise Abbattista**

**Denise Abbattista**

**3/13/02**

**941-574-6133**

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

Date

Daytime Phone #

CR2E083 (9/01)