

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90261 034 ****50.00

DOCUMENT # L99000004922

1. Entity Name

CROPPER CHARTERS, L.L.C.

Principal Place of Business

**3444 MARINATOWN LANE. #19
 N. FT. MYERS FL 33903**

Mailing Address

**3444 MARINATOWN LANE. #19
 N. FT. MYERS FL 33903**

2. Principal Place of Business

3446 MARINATOWN LN.

Suite, Apt. #, etc.

E-6

3. Mailing Address

10393 METCALF AVE.

Suite, Apt. #, etc.

City & State

N. FT. MYERS, FL

City & State

OVERLAND PARK, KS

Zip

33903

Country

US

Zip

66212

Country

US

4. FEI Number

48-1116605

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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 **MGRM** ☐ Delete
 NAME **CROPPER ENTERPRISES, INC.**
 STREET ADDRESS **10393 METCALF**
 CITY-ST-ZIP **OVERLAND PARK KS 66212**

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED

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

Date

Daytime Phone #

1-9-02 913 648-4994

11/15/01