

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2002 8:00 am
Secretary of State

09-18-2002 90055 013 ****50.00

DOCUMENT # L99000005432

1. Entity Name

MILLBROOK HOMES SOUTHWEST FLORIDA, LLC



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**16970 SAN CARLOS BLVD.. #106
FORT MYERS FL 33908**

**16970 SAN CARLOS BLVD.. #106
FORT MYERS FL 33908**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **91-1979427**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SKAGGS, MICHAEL
1224 KITTIWAKE CIRCLE
SANIBEL FL 33957**

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. 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 Department of State
Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
	MGRM			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	MILZER, HARVEY									
	5690 DTL BLVD #140W									
	ENGLEWOOD CO									
	MGRM			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	OPATOWSKI, MICHAEL									
	5690 DTL BLVD #140W									
	ENGLEWOOD CO									
	MGR			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	SKAGGS, MICHAEL									
	16970 SAN CARLOS BLVD #106									
	FORT MYERS FL									
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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

9/12/02

303-521-6072

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

Date

Daytime Phone #

CR2E083 (4/02)