

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

DOCUMENT # L99000006084

1. Entity Name  
SCAFFOLD-RITE, L.L.C.

00 APR 18 AM 9:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
24300 SOUTH TAMiami TRAIL  
BONITA SPRINGS FL 34134

Mailing Address  
24300 SOUTH TAMiami TRAIL  
BONITA SPRINGS FL 34134-7047



2. Principal Place of Business

3. Mailing Address

P.O. Box 366729

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MNM

DO NOT WRITE IN THIS SPACE

City & State

City & State  
Bonita Springs, FL

4. FEI Number

59-3600208

Applied For

Not Applicable

Zip

Country

Zip  
34136-6729

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

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

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  
STREET ADDRESS  
CITY- ST- ZIP  
MGRM  
JAKUBOWSKI, CHERYL  
24300 SOUTH TAMiami TRAIL  
BONITA SPRINGS FL 34134 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGRM  
STILES, SUSAN  
24300 SOUTH TAMiami TRAIL  
BONITA SPRINGS FL 34134 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGRM  
EGGLER, RAYMOND  
24300 SOUTH TAMiami TRAIL  
BONITA SPRINGS FL 34134 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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☐ Change ☐ 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:

*Signature Required*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CP2E083 (9/99)