

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006084

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

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

Mailing Address
P.O. BOX 366729
BONITA SPRINGS FL 34136-6729

FILED

01 JAN 24 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8140 Main Line Parkway
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Ft. Myers, Florida

City & State

4. FEI Number 59-3600208

Applied For
Not Applicable

Zip
33912

Country

Zip

Country

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 Cheryl Jakubowski

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/14/01

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10.

ADDITIONS / CHANGES

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

Cheryl Jakubowski

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

1/14/01

Date

Daytime Phone #

CR2E083 (11/00)