

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006438

1. Entity Name
AXIS PARTNERS LLC

FILED

01 JUN -7 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

C/O VINCENT GREGG SHY
847 TANBARK #104
NAPLES FL 34108

Mailing Address

C/O VINCENT GREGG SHY
847 TANBARK #104
NAPLES FL 34108



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2706 HORSESHOE DRIVE S.

3. Mailing Address

2706 HORSESHOE DRIVE S.

Suite, Apt. #, etc.

213

Suite, Apt. #, etc.

213

City & State

NAPLES FLORIDA

City & State

NAPLES FLORIDA

Zip

34104

Country

USA

Zip

34104

Country

USA

4. FEI Number

59-3601549

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SHY, VINCENT GREGG
847 TANBARK #104
NAPLES FL 34108

7. Name and Address of New Registered Agent

Name

VINCENT GREGG SHY

Street Address (P.O. Box Number is Not Acceptable)

871 C MEADOWLAND DRIVE

City

NAPLES

FL

Zip Code

34108

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.

VINCENT G. SHY

(NOTE: Registered Agent signature required when reinstating)

DATE

5/1/01

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

9. MANAGING MEMBERS/MEMBERS

TITLE MGR
NAME SHY, VINCENT GREGG
STREET ADDRESS 847 TANBARK #104
CITY-ST-ZIP NAPLES FL 34108 ☐ 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGR ☒ Change ☐ Addition
NAME VINCENT GREGG SHY
STREET ADDRESS 871 C MEADOWLAND DRIVE
CITY-ST-ZIP NAPLES FLORIDA 34108

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

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

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

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

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

Date

Daytime Phone #

VINCENT G. SHY

5/1/01

941-592-0779

CR2E083 (11/00)

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