

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90022 026 ****55.00

DOCUMENT # L99000007290

1. Entity Name
HEP-8-CLER, L.C.



Principal Place of Business

**C/O EZON FLORIDA, INC.
1100 5TH AVE. S., #401
NAPLES FL 34102**

Mailing Address

**C/O EZON FLORIDA, INC.
1100 5TH AVE. S., #401
NAPLES FL 34102**

20022856



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

**1100 FIFTH AVE SOUTH
Suite, Apt. #, etc.
STE 401**

3. Mailing Address

**1100 FIFTH AVE SOUTH
Suite, Apt. #, etc.
STE 401**

City & State

NAPLES FL

City & State

NAPLES FL

4. FEI Number **65-1009917**

Applied For

Not Applicable

Zip

34102

Country

USA

Zip

34102

Country

USA

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

**TACKETT, JACK O
C/O EZON FLORIDA, INC.
1100 5TH AVE. S., #401
NAPLES FL 34102**

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 Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME **MGR**
STREET ADDRESS **GOMEZ, BRUCE J**
CITY-ST-ZIP **%EZON FL INC 1100 5TH AVE. SO, STE. 401
NAPLES FL 34102**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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

2/3/03

Date

239-263-1712

Daytime Phone #

CR2E083 (10/02)