

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007695

1. Entity Name
THE FABRIC WAGON, L.L.C.

FILED

01 JUN 11 PM 4:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

MJH

Principal Place of Business
4310 ARDALE ST.
SARASOTA FL 34232

Mailing Address
4310 ARDALE ST.
SARASOTA FL 34232

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

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

SPEICHER, SCOTT
2473 WOLF CREEK DRIVE
MELBOURNE FL 32935

Name
Speicher, Scott

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

4310 Ardale St.

City
Sarasota

FL

Zip Code
34232

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

200004430112--3
-06/19/01--01060--009
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
SPEICHER, CARMEN I
2473 WOLF CREEK DRIVE
MELBOURNE FL 32935

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
Speicher, Carmen I
4310 Ardale St.
Sarasota, FL 34232

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
SPEICHER, SCOTT M
2473 WOLF CREEK DR.
MELBOURNE FL 32935

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
Speicher, Scott M
4310 Ardale St.
Sarasota - FL-34232

☒ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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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: *Signature*

6-6-01 941-485-8199

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

Date

Daytime Phone #

CR2E083 (11/00)