2001 UNIFORM BUSINESS REPORT (UBR)

000419 AF

DOCUMENT # L99000009296

1. Entity Name

D'ASIGN SCAPES LLC

FILED
01 FEB 22 AM 8:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
5800 OVERSEAS HIGHWAY, SUITE 17 MARATHON FL 33050	5800 OVERSEAS HIGHWAY, SUITE 17 MARATHON FL 33050

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
11500 Overseas Hwy	11500 Overseas Hwy
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Marathon, FL	City & State: Marathon, FL
Zip: 33050 Country: USA	Zip: 33050 Country: USA

4. FEI Number: 65-0529929 ☐ Applied For ☐ Not Applicable

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
D'ASCANIO, FRANCO L 5800 OVERSEAS HIGHWAY, SUITE 17 MARATHON FL 33050	Name Street Address (P.O. Box Number is Not Acceptable): 11500 Overseas Hwy City: Marathon FL Zip Code: 33050

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	MGR D'ASCHANIO, ANTHONY 204 S. ANGLERS DR. MARATHON FL 33050 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR D'ASCANIO, AMEDEO 295 14TH STREETDR. KEY COLONY BEACH FL 33051 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 400003768474--9 -02/26/01--01136--011 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR D'ASCHANIO, FRANCO 431 2ND ST. KEY COLONY BEACH FL 33051 ☐ 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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: SIGNATURE REQUIRED 1-26-01 305-743-7130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

CR2E083 (11/00)