

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90047 025 ****50.00

DOCUMENT # MO1000000129

1. Entity Name

ALVIN SHER LLC

Principal Place of Business

**331 ANCLOTE ROAD
TARPON SPRINGS FL 34689**

Mailing Address

**331 ANCLOTE ROAD
TARPON SPRINGS FL 34689**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

4 No. PINE ST.

Suite, Apt. #, etc.

City & State

NIANTIC CT.

Zip

06357

Country

USA

4. FEI Number

06-1603745

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fees Required**

6. Name and Address of Current Registered Agent

**NUTT, BETTY S
SEACOAST YACHT CHARTERS
331 ANCLOTE ROAD
TARPON SPRINGS FL 34689**

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

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
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SHER, ALVIN I
4 NORTH PINE STREET
NIANTIC CT 06357**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ 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:

ALVIN SHER

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

Date

MARCH 3, 02

Daytime Phone #

860-739-7288

CR2E083 (9/01)