

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

04-04-2002 90008 005 \*\*\*\*50.00

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M01000000525

1. Entity Name

CARIBBEAN TRADERS NO. 2 LLC

Principal Place of Business

20350 SUMMERLIN ROAD #3160  
FORT MYERS FL 33908

Mailing Address

20350 SUMMERLIN ROAD #3160  
FORT MYERS FL 33908

86464



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

20350 Summerlin Rd

Suite, Apt. #, etc.

Suite #3160

3. Mailing Address

P O Box 97

Suite, Apt. #, etc.

City & State

FORT MYERS, FL 33908

City & State

DEER LODGE, TN 37726

4. FEI Number

62-1769477

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HAMEL, RENEE A  
1615 RED CEDAR DRIVE #5  
FORT MYERS FL 33907

7. Name and Address of New Registered Agent

Name

RENEE A. HAMEL BAILEY

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

20350 Summerlin Rd

City

Fort Myers

FL

Zip Code

33908

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 Renee A. Bailey

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/13/02

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 MGRM GAMMON, HOLLIS ☐ Delete  
STREET ADDRESS PO BOX 964  
CITY-ST-ZIP JAMESTOWN TN 38556

TITLE NAME MGRM GAMMON, TROY D ☐ Delete  
STREET ADDRESS PO BOX 964  
CITY-ST-ZIP JAMESTOWN TN 38556

TITLE NAME MGRM GAMMON, TONY D ☐ Delete  
STREET ADDRESS PO BOX 964  
CITY-ST-ZIP JAMESTOWN TN 38556

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☒ Change ☐ Addition  
STREET ADDRESS P O BOX 97  
CITY-ST-ZIP DEER LODGE, TN 37726

TITLE NAME ☒ Change ☐ Addition  
STREET ADDRESS P O BOX 97  
CITY-ST-ZIP DEER LODGE, TN 37726

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS P O Box 97  
CITY-ST-ZIP DEER LODGE, TN 37726

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

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

TITLE NAME ☐ Change ☐ Addition  
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: Hollis D. Gammon Hollis D. Gammon 2/13/02 423-965-3800

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

Date

Daytime Phone

CR25083 (9/01)