

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000000590

1. Entity Name
CAPE AEROSPACE, L.L.C.

Principal Place of Business
1006 SOUTH EAST 9TH STREET
CAPE CORAL FL 33990

Mailing Address
1006 SOUTH EAST 9TH STREET
CAPE CORAL FL 33990

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

NETHERCOT, DAVID C
1832 IMPERIAL GOLF COURSE BLVD.
NAPLES FL 34110

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.

(NOT: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

000004218640--3
-05/15/01--01138--008
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE MGRM
NAME NETHERCOT, DAVID C
STREET ADDRESS 1832 IMPERIAL GOLF COURSE BLVD.
CITY-ST-ZIP NAPLES FL 34110 ☐ Delete

TITLE MGRM
NAME ABRAMS, MARC O
STREET ADDRESS 927 SE 23RD STREET
CITY-ST-ZIP CAPE CORAL FL 33990 ☐ Delete

TITLE MGRM
NAME SUMNER, DENNIS L
STREET ADDRESS 223 SE 43RD LANE
CITY-ST-ZIP CAPE CORAL FL 33904 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

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

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

Date

Daytime Phone #

FILED

2001 APR 27 PM 3:44

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (11/00)