

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90017 040 ***150.00

DOCUMENT # *S 32115*

1. Entity Name

LARRY'S BAWN SHOBEAST, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4730 PALM BEACH BLVD

3. Mailing Address

4730 PALM BEACH BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FT MYERS FL

City & State

FT MYERS FL

4. FEI Number

65-0244847

Applied For

Not Applicable

Zip

33905

Country

Zip

33905

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

LARRY D. CLOSE

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

6730 BRIARCLIFF RD

City

FT MYERS

FL

Zip Code

33912

**DO NOT WRITE
IN THIS SPACE**

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

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing

Trust Fund Contribution: ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE *PRESIDENT*
NAME *LARRY D. CLOSE*
STREET ADDRESS *6730 BRIARCLIFF RD*
CITY-ST-ZIP *FT MYERS FL 33912*

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IN THIS SPACE**

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Larry Close
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/6/02

Daytime Phone #

941-693-7296

CR2E034B (12/01)