

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90340 047 ***150.00

DOCUMENT # S71645

1. Entity Name

LLAW NEVETS, INC.

Principal Place of Business

**5138 CEDAR HAMMOCK DR
 SARASOTA FL 34232**

Mailing Address

**5138 CEDAR HAMMOCK DR
 SARASOTA FL 34232**

2. Principal Place of Business

2841 Michigan St.
 Suite, Apt. #, etc.

3. Mailing Address

2841 Michigan St.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Sarasota, FL
 Zip **34237** Country **Sarasota**

City & State

Sarasota, FL
 Zip **34237** Country **Sarasota**

4. FEI Number

59-3080816

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

WALL, STEVEN
5667 MIDNIGHT PASS RD
UNIT 302
SARASOTA FL 34242

7. Name and Address of New Registered Agent

Name **Wally Steven** Same
 Street Address (P.O. Box Number is Not Acceptable)
2841 Michigan St.
 City **Sarasota** FL Zip Code **34237**

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) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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 **PS** ☐ Delete
 NAME **WALL, STEVEN**
 STREET ADDRESS **5667 MIDNIGHT PASS RD UNIT 302**
 CITY-ST-ZIP **SARASOTA FL 34242**

TITLE **PS** ☐ Delete
 NAME **WALL, STEVEN**
 STREET ADDRESS **5667 MIDNIGHT PASS RD UNIT 302**
 CITY-ST-ZIP **SARASOTA FL 34242**

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS** ☒ Change ☐ Addition
 NAME **Wally Steven**
 STREET ADDRESS **2841 Michigan St.**
 CITY-ST-ZIP **Sarasota, FL 34237**

TITLE **PS** ☒ Change ☐ Addition
 NAME **Wally Steven**
 STREET ADDRESS **2841 Michigan St.**
 CITY-ST-ZIP **Sarasota, FL 34237**

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

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/1/02 (941) 323-0884

CR2E034 (9/01)