

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L96000000144**

1. Entity Name

R & K PORTABLE BUILDINGS, L.C.

FILED

00 JAN 26 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

4213 AVALON BLVD.
MILTON FL 32583

Mailing Address

4213 AVALON BLVD.
MILTON FL 32583-2810

2. Principal Place of Business

4213 Avalon Blvd

3. Mailing Address

4213 Avalon Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Milton, FL

City & State

Milton, FL

4. FEI Number

59-3360827

Applied For

Not Applied

Zip

Country

32583-1638

USA

Zip

Country

32583-1638

USA

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RUSSELL, TOBY T
4213 AVALON BLVD.
MILTON FL 32583

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	RUSSELL, TOBY T	6330 BAYBERRY STREET	MILTON FL 32570	<input type="checkbox"/>
MGRM	RUSSELL, GLENNON L	5804 HERMITAGE CIRCLE	MILTON FL 32570	<input type="checkbox"/>
MEM	RUSSELL, SHEILA K	5804 HERMITAGE CIRCLE	MILTON FL 32570	<input type="checkbox"/>
MEM	RUSSELL, BENJAMIN I	5804 HERMITAGE CIRCLE	MILTON FL 32570	<input checked="" type="checkbox"/>
MEM	RUSSELL, JULIE L	6330 BAYBERRY STREET	MILTON FL 32570	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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*****50.00 *****50.00

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:

Toby Russell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1/4/00

Date

850-623-9886

Daytime Phone #