

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90735 013 ****50.00

DOCUMENT # L96000000144

1. Entity Name
R & K PORTABLE BUILDINGS, L.C.



Principal Place of Business: **4213 AVALON BLVD. MILTON FL 32583-1638**
 Mailing Address: **4213 AVALON BLVD. MILTON FL 32583-1638**

B0123187



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3360827		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State					
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
RUSSELL, TOBY T 4213 AVALON BLVD. MILTON FL 32583				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS				10. ADDITIONS / CHANGES			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RUSSELL, TOBY T			NAME			
STREET ADDRESS	6330 BAYBERRY STREET			STREET ADDRESS			
CITY-ST-ZIP	MILTON FL 32570			CITY-ST-ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RUSSELL, GLENNON L			NAME			
STREET ADDRESS	5804 HERMITAGE CIRCLE			STREET ADDRESS			
CITY-ST-ZIP	MILTON FL 32570			CITY-ST-ZIP			
TITLE	MEM MGRM	<input type="checkbox"/> Delete		TITLE	MGRM	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RUSSELL, SHEILA K			NAME	Russell, Sheila K.		
STREET ADDRESS	5804 HERMITAGE CIRCLE			STREET ADDRESS	5804 Hermitage Circle		
CITY-ST-ZIP	MILTON FL 32570			CITY-ST-ZIP	Milton, FL 32570		
TITLE	MEM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RUSSELL, JULIE L			NAME			
STREET ADDRESS	6330 BAYBERRY STREET			STREET ADDRESS			
CITY-ST-ZIP	MILTON FL 32570			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: *[Signature]* **SIGNATURE REQUIRED** **5/17/02** **850-623-9886**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)