

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90038 017 ****50.00

DOCUMENT # M98000000311

1. Entity Name

HOLTZ ENTERPRISES, LLC

Principal Place of Business

**1801 JASMINE DRIVE
TALLAHASSEE FL 32308**

Mailing Address

**1801 JASMINE DRIVE
TALLAHASSEE FL 32308**

2. Principal Place of Business

**6223 POPLAR GROVE DR
Suite, Apt. #, etc.**

3. Mailing Address

**6223 POPLAR GROVE DR
Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State

PORT ORANGE, FL

City & State

PORT ORANGE, FL

4. FEI Number

35-1916344

Applied For

Not Applicable

Zip

32127

Country

VOLUSIA

Zip

32127

Country

VOLUSIA

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**HOLTZ, KEVIN
1801 JASMINE DR.
TALLAHASSEE FL 32308**

7. Name and Address of New Registered Agent

Name
HOLTZ, KEVIN
Street Address (P.O. Box Number is Not Acceptable)
6223 POPLAR GROVE DR
City **PORT ORANGE** FL Zip Code **32127**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS

| | | |
|----------------|-----------------------------|---------------------------------|
| TITLE | MBR | <input type="checkbox"/> Delete |
| NAME | HOLTZ, KEVIN | |
| STREET ADDRESS | 1801 JASMINE DRIVE | |
| CITY-ST-ZIP | TALLAHASSEE FL 32308 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

10. ADDITIONS/CHANGES

| | | |
|----------------|------------------------------|--|
| TITLE | MBR | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HOLTZ, KEVIN | |
| STREET ADDRESS | 6223 POPLAR GROVE DR | |
| CITY-ST-ZIP | PORT ORANGE, FL 32127 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| 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: Kevin Holtz **KEVIN HOLTZ**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (9/01)