

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90597 010 \*\*\*\*50.00

DOCUMENT # L000000010135

1. Entity Name

AM-POL DEVELOPMENT, LLC

**DO NOT WRITE IN THIS SPACE**

958291

2. Principal Place of Business

936 CRENSHAW LAKE RD

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LUTZ, FL

City & State

Zip

33558

Country

USA

Zip

Country

4. FEI Number

74-2970579

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

IHRIS, KENT

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

100 N. TAMPA ST

City

TAMPA

FL

Zip Code

33602

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

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
HENRY KASPROW  
936 CRENSHAW LAKE RD  
LUTZ, FL 33558

TITLE  
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

B Kaspro

Apr 29/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/01)