

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000011839

1. Entity Name
10 CO. INDUSTRIES, L.L.C.

FILED

01 SEP 20 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
29813 S.R. 54
WESLEY CHAPEL FL 33543

Mailing Address
29813 S.R. 54
WESLEY CHAPEL FL 33543



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

4. FEI Number
59-3674981

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
EVERTON, WALTER C 1304 PARRILLA DE AVILA TAMPA FL 33613				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 September 26, 2001

000004623890--3
-10/04/01--01089--001
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	President	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Everton, Walter C.			NAME			
STREET ADDRESS	1304 Parrilla De Avila			STREET ADDRESS			
CITY-ST-ZIP	Tampa, FL 33613			CITY-ST-ZIP			
TITLE	Vice President	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Williams, Christopher			NAME			
STREET ADDRESS	3507 Gleaves Ct.			STREET ADDRESS			
CITY-ST-ZIP	Apopka, FL 32703			CITY-ST-ZIP			
TITLE	General Manager	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Iaco, Joseph			NAME			
STREET ADDRESS	22627 Royal Ridge Ct.			STREET ADDRESS			
CITY-ST-ZIP	Lutz, FL 33549			CITY-ST-ZIP			
TITLE	Production Supervisor	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Vega, Victor			NAME			
STREET ADDRESS	4186 Dairy Court			STREET ADDRESS			
CITY-ST-ZIP	Port Orange, FL 32127			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: _____ DATE _____ DAYTIME PHONE # _____
SIGNATURES REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CRE083 (5/01)