

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2003 8:00 am**  
**Secretary of State**

04-03-2003 90011 029 \*\*\*\*\*55.00

0002207

**DOCUMENT # L00000012621**

1. Entity Name

**BRIDGE STRUCTURES, L.C.**



Principal Place of Business

**615 DUPONT ST.  
PUNTA GORDA FL 33950**

Mailing Address

**C/O JACK O. HACKETT II. ESQ.  
P.O. DRAWER 511447  
PUNTA GORDA FL 33951-1447**

2. Principal Place of Business

3. Mailing Address

**615 Dupont Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Punta Gorda, FL**

4. FEI Number **65-1072505**

Applied For

Not Applicable

Zip

Country

Zip  
**33950**

Country  
**Charlotte**

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

**HACKETT, JACK O II, ESQ  
99 NESBIT STREET  
PUNTA GORDA FL 33950**

Name

**Klinton H. Keesling**

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

**615 Dupont Street**

City

**Punta Gorda**

**FL**

Zip Code

**33950**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete  
NAME **KEESLING, GERALD**  
STREET ADDRESS **615 DUPONT ST.**  
CITY-ST-ZIP **PUNTA GORDA FL 33950**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MGR** ☐ Delete  
NAME **KEESLING, KLINTON H.**  
STREET ADDRESS **615 DUPONT STREET**  
CITY-ST-ZIP **PUNTA GORDA, FL 33950**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ 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:

**SIGNATURE REQUIRED**  
**KLINTON H. KEESLING**

04/01/03

941-639.3166

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

Date

Daytime Phone #

CR2E083 (10/02)