

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

04-03-2003 90011 028 ****55.00

0062216

DOCUMENT # L00000012624

1. Entity Name

TEAM MASONRY, L.C.



Principal Place of Business

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

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

Zip

Country

Zip

Country

33950

Charlotte

4. FEI Number **01-0551479**

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

**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
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TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE REQUIRED
KLINTON H. KEESLING

4/01/03

Date

941-639-3166

Daytime Phone #

CR2E083 (10/02)