

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90114 031 ****50.00

DOCUMENT # L00000013521

1. Entity Name
KOSCIUSKO, MS L.L.C.



Principal Place of Business

**9725 S.W. 215TH LANE
MIAMI FL 33189-3709**

Mailing Address

**P.O. BOX 8978
MADEIRA BEACH FL 33738**

20000331



2. Principal Place of Business

17455 1st St. E.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
St. Pete FL

City & State

4. FEI Number **65-1058160**

Applied For

Not Applicable

Zip
33708

Country

US

Zip

Country

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

**BAKER, CHARLES N
9725 S.W. 215TH LANE
MIAMI FL 33189-3709**

Name

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

17455 1st St. E.

City **St. Petersburg**

FL

Zip Code

33708

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/6/03

**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 **PMEM** ☐ Delete
NAME **CHARLES NELSON BAKER**
STREET ADDRESS **9725 S.W. 215TH LANE**
CITY-ST-ZIP **MIAMI FL 33189-3709**

TITLE ☒ Change ☐ Addition
NAME **17455 1st St. E.**
STREET ADDRESS **St. Petersburg, FL**
CITY-ST-ZIP **33708**

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

Date

Daytime Phone #

1/6/03 727-395-0111

CR2E083 (10/02)