

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 30, 2002 8:00 am**  
**Secretary of State**

09-30-2002 90175 007 \*\*\*\*50.00

**DOCUMENT # L00000014103**

1. Entity Name  
**XTRSKN LLC**

Principal Place of Business

Mailing Address

~~115 HAWKINS RD~~  
~~FT. WALTON BEACH FL 32547~~

~~115 HAWKINS RD~~  
~~FT. WALTON BEACH FL 32547~~

2. Principal Place of Business

3. Mailing Address

**145 Jet Drive**

**145 Jet Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Fort Walton Beach, FL**

**Fort Walton Beach, FL**

Zip

Country

Zip

Country

**32548**

**USA**

**32548**

**USA**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MADDEN, FRANCIS**  
**115 HAWKINS RD**  
**FT. WALTON BEACH FL 32547**

Name

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

City

**FL**

Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM**  
**MADDEN, WILLIAM B**  
**115 HAWKINS RD**  
**FT WALTON BEACH FL 32547**

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM**  
**ALSPACH, STEVE**  
**768 WACHUSETT ST**  
**HOLDEN MA 01520**

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**M**  
**PERKINS, TED**  
**P.O. BOX 1283**  
**DESTIN FL 32540**

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM**  
**SCHUCIDER, MARK DELANE**  
**C/O 122 PARKWOOD DRIVE**  
**NICEVILLE FL 32578**

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:

*William B. Madden*

**9-23-02**

**850-864-5931**

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

Date

Daytime Phone #

CR2E083 (9/01)