

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015267

1. Entity Name  
**MAAL, L.L.C.**

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90203 027 \*\*\*\*50.00

Principal Place of Business  
**125 15TH STREET**  
**BELLEAIR BEACH FL 33786-3307**

Mailing Address  
**125 15TH STREET**  
**BELLEAIR BEACH FL 33786-3307**

2. Principal Place of Business  
**880 Mandalay Ave.**  
Suite, Apt. #, etc.  
**Suite South 707**

3. Mailing Address  
**880 Mandalay Ave.**  
Suite, Apt. #, etc.  
**Suite South 707**

City & State  
**Clearwater Beach, FL**  
Zip  
**33767-1237**

City & State  
**Clearwater Beach, FL**  
Zip  
**33767-1237**

4. FEI Number **59-3685376**

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

**GASSMAN, ALAN S ESQ.**  
**1245 COURT STREET**  
**SUITE 102**  
**CLEARWATER FL 33756**

## 7. Name and Address of New Registered Agent

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	<b>MGR</b>	<input type="checkbox"/> Delete
NAME	<b>GASKILL, ALBERT R</b>	
STREET ADDRESS	<b>125 15TH STREET</b>	
CITY-ST-ZIP	<b>BELLEAIR BEACH FL 33786-3307</b>	
TITLE	<b>MGR</b>	<input type="checkbox"/> Delete
NAME	<b>LENGWIN, MARK</b>	
STREET ADDRESS	<b>880 MANDALAY AVE. SOUTH 707</b>	
CITY-ST-ZIP	<b>CLEARWATER BEACH FL 33767-1237</b>	
TITLE	<b>MEM</b>	<input type="checkbox"/> Delete
NAME	<b>LENGWIN, CAROL A</b>	
STREET ADDRESS	<b>880 MANDALAY AVE. SOUTH 707</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33767</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>Member</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Barbara McKeehen</b>	
STREET ADDRESS	<b>13110 108th Avenue N.</b>	
CITY-ST-ZIP	<b>Largo, FL 33774</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	<b>Clearwater Beach, FL 33767-1237</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Albert R. Gaskill*  
**REQUIRED**

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

Date

Daytime Phone #

**727-442-8916**  
**727-593-0051**

CR2E083 (9/01)