

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90943 014 ****50.00

DOCUMENT # L00000016270

1. Entity Name

GENERAL AMALGAMATED, LLC

Principal Place of Business

6835 STATE ROAD 21
 KEYSTONE HEIGHTS FL 32656

Mailing Address

6835 STATE ROAD 21
 KEYSTONE HEIGHTS FL 32656

2. Principal Place of Business

1521 BADEN POWELL RD

Suite, Apt. #, etc.

3. Mailing Address

1521 BADEN POWELL RD.

Suite, Apt. #, etc.

City & State

HAWTHORNE FL

Zip
32640

Country

USA

City & State

HAWTHORNE FL

Zip
32640

Country

USA

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KUNTZ, DAVID L
6835 STATE ROAD 21
KEYSTONE HEIGHTS FL 32656

7. Name and Address of New Registered Agent

Name **DAVID L. KUNTZ, JR.**

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

1511 BADEN POWELL RD.

City **HAWTHORNE**

FL

Zip Code
32640

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

David L. Kuntz, Jr. **MANAGER**

Signature, typed or printed name of registered agent and authorized representative.

(NOTE: Registered Agent signature required when reinstating)

3/26/02

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
 NAME **KUNTZ, DAVID L**
 STREET ADDRESS **6835 STATE ROAD 21**
 CITY-ST-ZIP **KEYSTONE HEIGHTS FL 32656**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MANAGER** ☒ Change ☐ Addition
 NAME **DAVID L. KUNTZ, JR.**
 STREET ADDRESS **1511 BADEN POWELL RD.**
 CITY-ST-ZIP **HAWTHORNE, FL 32640**

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
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 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)(l), 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:

David L. Kuntz, Jr. **MANAGER**

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

3/26/02

Date

352-473-8222

Daytime Phone #

CR2E083 (9/01)