

**FILED**  
**Apr 21, 2002 8:00 am**  
**Secretary of State**

03-29-2002 90817 008 \*\*\*\*50.00

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L01000000559**

1. Entity Name

**1-95 HOLDINGS, L.L.C.**

Principal Place of Business

**3750 INVESTMENT LANE #2  
RIVIERA BEACH FL 33404**

Mailing Address

**3750 INVESTMENT LANE #2  
RIVIERA BEACH FL 33404****24772**

2. Principal Place of Business

**1461 KINETIC ROAD**

3. Mailing Address

**1461 KINETIC ROAD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City &amp; State

**LAKE PARK, FL**

City &amp; State

**LAKE PARK, FL**

4. FEI Number

**65-1065599**

Applied For

Not Applicable

Zip

**33403 Palm Beach**

Zip

**33403 Palm Beach**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

**AHRENS, RICHARD**  
**3750 INVESTMENT LANE #2**  
**RIVIERA BEACH FL 33404**

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

TITLE	MGR	<input type="checkbox"/> Delete
NAME	AHRENS, RICHARD	
STREET ADDRESS	3750 INVESTMENT LANE #2	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	AHRENS, BARBARA	
STREET ADDRESS	3750 INVESTMENT LANE #2	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	ESTES, TOI	
STREET ADDRESS	3750 INVESTMENT LANE #2	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
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		

10. ADDITIONS/CHANGES

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1461 KINETIC ROAD	
STREET ADDRESS	LAKE PARK, FL 33403	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1461 KINETIC ROAD	
STREET ADDRESS	LAKE PARK, FL 33403	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1461-KINETIC-ROAD	
STREET ADDRESS	LAKE PARK, FL 33403	
CITY-ST-ZIP		
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		
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:

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

Date

Daytime Phone #

**SIGNATURE REQUIRED BARBARA AHRENS 3/15/02 561 863-9004**

CR2E083 (9/01)