

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

02-07-2002 90170 040 \*\*\*\*50.00

**DOCUMENT # L01000002392**

1. Entity Name

**RUBBER DUCKY L.L.C.**

Principal Place of Business

~~289 ORANGE ST.~~  
~~OZONA FL 34660~~

Mailing Address

~~P.O. BOX 272~~  
~~OZONA FL 34660~~

2. Principal Place of Business

**4711 - CHARLENE LA.**

3. Mailing Address

**4711 - CHARLENE LA.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**NEW PORT RICHEY, FL.**

City & State

**NEW PORT RICHEY, FL.**

Zip **34652**

Country **U.S.**

Zip **34652**

Country **U.S.**

4. FEI Number

**59-3701148**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**CHOCO, KENNETH B**  
**289 ORANGE ST.**  
**OZONA FL 34660**

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

TITLE **MANAGER** ☐ Delete  
NAME **KENNETH B. Choco**  
STREET ADDRESS **289 ORANGE ST.**  
CITY-ST-ZIP **OZONA, FL. 34660**

TITLE **MANAGER** ☐ Delete  
NAME **John J. Aaron**  
STREET ADDRESS **1418 W. JACKSON HILL CT.**  
CITY-ST-ZIP **LEESPORT, FL. 34461**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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CITY-ST-ZIP

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:

*Kenneth B. Choco*

**Kenneth B. Choco**

**2/1/02**

**727-841-6667**

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

Date

Daytime Phone #

CR2E083 (9/01)