

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90004 044 ****50.00

DOCUMENT # L01000002713

1. Entity Name

HARTKE INVESTMENTS, LLC



Principal Place of Business

**23905 N.W. 110TH AVE.
ALACHUA FL 32615**

Mailing Address

**23905 N.W. 110TH AVE.
ALACHUA FL 32615**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3694664

Applied For

Not Applicable

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

HARTKE, RALPH H JR.

~~14508 NW 60TH AVE~~ **23905 NW 110th AVE**
ALACHUA FL 32615

Name

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

23905 NW 110th AVE

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **P** ☐ Delete
NAME **HARTKE, BEVERLY A**
STREET ADDRESS **23905 NW 110TH AVE.**
CITY-ST-ZIP **ALACHUA FL 32615**

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

TITLE **VP** ☐ Delete
NAME **HARTKE, RALPH JR**
STREET ADDRESS ~~14508 NW 60TH AVE~~ **23905 NW 110th AVE**
CITY-ST-ZIP **ALACHUA FL 32615**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **23905 NW 110th AVE**
CITY-ST-ZIP

TITLE **ST** ☐ Delete
NAME **HARTKE, RALPH H**
STREET ADDRESS **23905 NW 110TH AVE.**
CITY-ST-ZIP **ALACHUA FL 32615**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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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: Beverly A. Hartke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

03/11/03 **386 454 0285**
Date Daytime Phone #

CR2E083 (10/02)