

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90204 031 \*\*\*\*55.00

**DOCUMENT # L01000003388**

1. Entity Name

**KINNICK GROUP LLC**

Principal Place of Business

**2706 HORSESHOE DR. SOUTH. STE. 103  
 NAPLES FL 34104**

Mailing Address

**2706 HORSESHOE DR. SOUTH. STE. 103  
 NAPLES FL 34104**

2. Principal Place of Business

**7770 MULBERRY LN**

Suite, Apt. #, etc.

3. Mailing Address

**7770 MULBERRY LN**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**NAPLES, FL**

City & State

**NAPLES, FL**

4. FEI Number

**98-3407366**

Applied For

Not Applicable

Zip  
**34114-9443**

Country  
**USA**

Zip  
**34114-9443**

Country  
**USA**

5. Certificate of Status Desired

☒

**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**GULDA, EDWARD**

**2706 HORSESHOE DR. SOUTH, STE. 103  
 NAPLES FL 34104**

7. Name and Address of New Registered Agent

Name

**GULDA, EDWARD**

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

**7770 MULBERRY LN**

City

**NAPLES**

**FL**

Zip Code

**34114-9443**

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

**4/30/02**

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**MGRM**

**EDWARD J. GULDA**

**7770**

**NAPLES, FL 34114-9443**

CR2E083 (9/01)

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:

**Edward J. Gulda**

**4/30/02 (239) 732-7295**

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

Date Daytime Phone #