

2002 UNIFORM BUSINESS REPORT (UBR)

9/25/2002-90117-003-\$50.00-\$50.00

DOCUMENT # **L01000003422**

1. Entity Name

PAQUETTE CONSULTING SERVICES, LLC

Principal Place of Business

Mailing Address

**2246 OXFORD RIDGE CIRCLE
LEHIGH ACRES FL 33971**

**2246 OXFORD RIDGE CIRCLE
LEHIGH ACRES FL 33971**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**PAQUETTE, LAURIE M
2246 OXFORD RIDGE CIRCLE
LEHIGH ACRES FL 33971**

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

SIGNATURE *Laurie Paquette* **LAURIE PAQUETTE**

(NOTE: Registered Agent signature required when reinstating)

9/21/02

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/OWNER LAURIE PAQUETTE MGRM ☐ Delete 2246 OXFORD RIDGE CIRCLE LEHIGH ACRES, FL 33971
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VIC PRES TAMMY KASKE MGRM ☐ Delete 2211 9TH ST WEST LEHIGH ACRES FL 33971
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

10. ADDITIONS/CHANGES

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

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: *Laurie Paquette* **LAURIE PAQUETTE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

9/21/02

Daytime Phone #

941-770-1403

FILED

02 NOV -5 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2003 (4/02)