

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90076 001 ****50.00

DOCUMENT # L01000003932

1. Entity Name

KENTON TRACE MASONRY, LLC

Principal Place of Business

**601 ISLAMORADA BLVD.
 #23A
 PUNTA GORDA FL 33955**

Mailing Address

**601 ISLAMORADA BLVD.
 #23A
 PUNTA GORDA FL 33955**

006550

2. Principal Place of Business

3941 TAMiami TRAIL

Suite, Apt. #, etc.

#3157, PMB 110

City & State

PUNTA Gorda FL

3. Mailing Address

3941 TAMiami TRAIL

Suite, Apt. #, etc.

#3157, PMB 110

City & State

PUNTA Gorda FL



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1086402

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SOMERVILLE, DEMIAN E
 601 ISLAMORADA BLVD.
 #23A
 PUNTA GORDA FL 33955**

7. Name and Address of New Registered Agent

Name

JAMES D. SNYDER

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

17188 CAPE HORN BLVD.

City

PUNTA Gorda

FL

Zip Code

33955

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

JAMES D. SNYDER

Signature, typed or printed name of registered agent and title if applicable

JAMES D. SNYDER

(NOTE: Registered Agent signature required when re-registering)

4/24/2002

DATE

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	MGRM SNYDER, JAMES D 601 ISLAMORADA BLVD. PUNTA GORDA FL 33955	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOMERVILLE, DEMIAN E 601 ISLAMORADA BLVD. PUNTA GORDA FL 33955	<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	MGRM SNYDER, JAMES D 17188 CAPE HORN BLVD PUNTA GORDA FL 33955	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOMERVILLE, DEMIAN E 17188 CAPE HORN BLVD PUNTA GORDA FL 33955	<input checked="" 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

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: **JAMES D. SNYDER**

JAMES D. SNYDER

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

Date

Daytime Phone # **747-9452**