

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

056550

2. Principal Place of Business

3941 TAMiami TRAIL

Suite, Apt. #, etc.
 #3157, PMB 110

City & State
 Punta Gorda FL

Zip
 33950

Country
 Charlotte

3. Mailing Address

3941 TAMiami TRAIL

Suite, Apt. #, etc.
 #3157, PMB 110

City & State
 Punta Gorda FL

Zip
 33950

Country
 Charlotte



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** *James D. Snyder* **4/24/2002**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-stating) 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	<input type="checkbox"/> Delete
MGRM	SNYDER, JAMES D	601 ISLAMORADA BLVD.	PUNTA GORDA FL 33955	<input type="checkbox"/>
MGRM	SOMERVILLE, DEMIAN E	601 ISLAMORADA BLVD.	PUNTA GORDA FL 33955	<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

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

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* **4/24/02 (941)**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # 707-9557