

2002 UNIFORM BUSINESS REPORT (UBR)

06-26-2002 90070 013 ****50.00

L01000005043

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 DEC 13 PM 3:20

FILED

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DOCUMENT # L01000005043

1. Entity Name
HONCHO ENTERPRISES, LLC

| | |
|---|---|
| Principal Place of Business 1130 PONDELLA RD., STE. 3 N. FT. MYERS FL 33903 | Mailing Address 1130 PONDELLA RD., STE. 3 N. FT. MYERS FL 33903 |
|---|---|



DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|---------|---------------------|---------|--|----------------|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 65-1090974 | Applied For |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | Not Applicable |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00. Additional Fee Required | |
| Zip | Country | Zip | Country | | |

| | |
|---|---|
| 6. Name and Address of Current Registered Agent HONC, VINCENT E 1130 PONDELLA RD. N. FT. MYERS FL 33903 | 7. Name and Address of New Registered Agent 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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
|------------------------------|-------------------------|---------------------------------|-----------------------|--|---|
| TITLE NAME | MGRM VINCENT E. HONC | <input type="checkbox"/> Delete | TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 1130 PONDELLA RD. | | STREET ADDRESS | | |
| CITY-ST-ZIP | N. FT. MYERS, FL 33903 | | CITY-ST-ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Delete | TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Delete | TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Delete | TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
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| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |

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)(l), 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: Vincent E. Honc **SIGNATURE REQUIRED** 6-17-02 239-458-3335

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #