

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 23, 2002 8:00 am
Secretary of State

09-23-2002 90195 015 ****50.00

DOCUMENT # L01000006885

1. Entity Name

SKEET'S DRIVE-THRU, L.L.C.

Principal Place of Business

873 N.W. SR 45
 NEWBERRY FL 32696

Mailing Address

873 N.W. SR 45
 NEWBERRY FL 32696

2. Principal Place of Business

1122 Wade St.

3. Mailing Address

PO Box 1118

Suite, Apt. #, etc.

Suite A

Suite, Apt. #, etc.

City & State

Trenton FL

City & State

Trenton FL

Zip

32693

Country

Gilchrist

Zip

32693

Country

Gilchrist

4. FEI Number

59-3719134

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PACE, KATRINA
873 N.W. SR 45
NEWBERRY FL 32696

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
MGR
MCKOY, KEITH
873 N.W. SR 45
NEWBERRY FL 32696

☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
MGR
PACE, KATRINA
873 N.W. SR 45
NEWBERRY FL 32696

☐ Delete

TITLE
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☐ 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: **KATRINA PACE**

9-20-02 352 443-2260

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

Date Daytime Phone #

CR2E083 (4/02)