

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

03-13-2002 90096 014 ****50.00

DOCUMENT # L01000007230

1. Entity Name

ASTEC PROPERTY MANAGEMENT SERVICE LLC

Principal Place of Business

**4504 ALAQUA TRAIL
 KISSIMMEE FL 34746**

Mailing Address

**4504 ALAQUA TRAIL
 KISSIMMEE FL 34746**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3737143

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**LACEY-FREEMAN, DEAN
 4504 ALAQUA TRAIL
 KISSIMMEE FL 34746**

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

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 May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **HR** NAME **DEAN LACEY-FREEMAN** ☐ Delete
 STREET ADDRESS **4504 ALAQUA TRAIL**
 CITY-ST-ZIP **KISSIMMEE FL 34746**

TITLE **HR** NAME **CAROLINE LACEY-FREEMAN** ☐ Delete
 STREET ADDRESS **4504 ALAQUA TRAIL**
 CITY-ST-ZIP **KISSIMMEE FL 34746**

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **PRESIDENT** NAME **DEAN LACEY-FREEMAN** ☒ Change ☐ Addition
 STREET ADDRESS **4504 ALAQUA TRAIL**
 CITY-ST-ZIP **KISSIMMEE FL 34746**

TITLE **MEMBER** NAME **CAROLINE LACEY-FREEMAN** ☒ Change ☐ Addition
 STREET ADDRESS **4504 ALAQUA TRAIL**
 CITY-ST-ZIP **KISSIMMEE FL 34746**

TITLE NAME ☐ Change ☐ Addition
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 CITY-ST-ZIP

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:

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

Signature Required
DEAN LACEY-FREEMAN
MANAGING MEMBER

2.1.02.

Date

407 390 7340

Daytime Phone #

CR2E083 (9/01)