

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0021004

DOCUMENT # L01000007230

1. Entity Name

ASTEC PROPERTY MANAGEMENT SERVICE LLC



FILED

2003 SEP 29 PM 12:17

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

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 59-3737149

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

LACEY-FREEMAN, DEAN  
4504 ALAQUA TRAIL  
KISSIMMEE FL 34746

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 Florida Department of State**  
**Due By September 24, 2003**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE P  
NAME LACEY-FREEMAN, DEAN  
STREET ADDRESS 4504 ALAQUA TRAIL  
CITY-ST-ZIP KISSIMMEE FL 34746

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGRM  
NAME LACEY-FREEMAN, CAROLINE  
STREET ADDRESS 4504 ALAQUA TRAIL  
CITY-ST-ZIP KISSIMMEE FL 34746

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE CHAIRMAN  
NAME TERENCE ALLAN LACEY-FREEMAN  
STREET ADDRESS 4504 ALAQUA TRAIL  
CITY-ST-ZIP KISSIMMEE, FL 34746

TITLE  
NAME  
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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]*

SIGNATURE REQUIRED

9/24/03

407-390-7340

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

Date

Daytime Phone #

CR2E083 (4/03)