

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2002 8:00 am**  
**Secretary of State**

0014944

**DOCUMENT # L01000008740**

1. Entity Name

**GTK PROPERTIES, LLC**

04-03-2002 90023 019 \*\*\*\*\*50.00

Principal Place of Business

**4139 BURNS ROAD  
C/O G.T. KELLY GENERAL CONTRACTORS, INC.  
PALM BEACH GARDENS FL 33410**

Mailing Address

**4139 BURNS ROAD  
C/O G.T. KELLY GENERAL CONTRACTORS, INC.  
PALM BEACH GARDENS FL 33410**

2. Principal Place of Business

**621 SE CENTRAL PARKWAY**  
Suite, Apt. #, etc.

3. Mailing Address

**621 SE CENTRAL PARKWAY**  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**STUART, FL**

City & State

**STUART, FL**

4. FEI Number

**37-1423539**

Applied For

Not Applicable

Zip

**34994**

Country

**US**

Zip

**34994**

Country

**US**

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**HARDING, GEORGE E  
1645 PALM BEACH LAKES BLVD.  
SUITE 1200  
WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

Name **GEORGE T. KELLY IV**  
Street Address (P.O. Box Number is Not Acceptable)  
**621 SE CENTRAL PARKWAY**  
City **STUART** FL Zip Code **34994**

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

*[Handwritten Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

**3/28/02**  
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	<b>MEMBER GEORGE T. KELLY IV 621 SE CENTRAL PARKWAY STUART, FL 34994</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*[Handwritten Signature]*

**3/28/02**

Date

Daytime Phone #

**772-287-9858**

CR2E083 (9/01)