

2002 UNIFORM BUSINESS REPORT (UBR)

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

0015133

DOCUMENT # L01000008749

1. Entity Name

GTK ENTERPRISES, LLC

04-03-2002 90023 017 *****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**

000054

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

SWART, FL

City & State

SWART, FL

4. FEI Number

38-3645099

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

SWART

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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

3/29/02

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete

**MEMBER
 GEORGE T. KELLY IV
 621 SE CENTRAL PARKWAY
 STUART, FL 34994**

TITLE ☐ Delete

TITLE ☐ Delete

TITLE ☐ Delete

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10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

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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

3/29/02

Date

772-297-8858

Daytime Phone #

CR2E083 (9/01)