

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Mar 20, 2002 8:00 am**  
**Secretary of State**

03-20-2002 90041 002 \*\*\*\*50.00

**DOCUMENT # LO1000011250**

1. Entity Name

**REEL EASY CHARTERS, L.L.C.**

Principal Place of Business

**1801 SOMBRERO BLVD.  
MARATHON FL 33050**

Mailing Address

**1801 SOMBRERO BLVD.  
MARATHON FL 33050**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**84-159-53-32**

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

**SHELDON EVANS, P.A.  
6175 N.W. 153RD STREET  
SUITE 312  
MIAMI LAKES FL 33014**

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

**SHELDON EVANS, REGISTERED AGENT****2/21/02**

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

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>MGR KRINGEL, JOHN G 12670 COUNTRY ROAD 250 DURANGO CO 81301</b>			
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Delete		<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:****MANAGING MEMBER:****JOHN G KRINGEL****March 3, 2002**

Date

Daytime Phone #

**970-385-8407**

CR2E083 (9/01)