

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2002 8:00 am
Secretary of State

04-16-2002 90071 037 ****55.00
 07-16-2002 90369 008 ****55.00

DOCUMENT # L01000012994

1. Entity Name
KESK-AL LIMITED LIABILITY COMPANY

Principal Place of Business

**2255 PAULDO STREET
 FORT MYERS FL 33916**

Mailing Address

**2255 PAULDO STREET
 FORT MYERS FL 33916**

970243



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

3637 NW MLK Blvd

Suite 104

FORT MYERS FL

33916 LEE

4. FEI Number

65-1142229

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

**MATHEWS, SHAURIE H
 2255 PAULDO STREET
 FORT MYERS FL 33916**

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 Department of State
 Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **OWNER-MGRM** ☐ Delete
 NAME **LOREEN A. Hughes**
 STREET ADDRESS **2255 Pauldo St**
 CITY-ST-ZIP **FORT MYERS, FL 33916**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **REGISTERED AGENT MGRM** ☐ Delete
 NAME **Shaurie H. Mathews**
 STREET ADDRESS **2255 Pauldo St - FTM FL**
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **MGRM** ☐ Delete
 NAME **Eben A. Hughes**
 STREET ADDRESS **3607 Stonehaven**
 CITY-ST-ZIP **SAN ANTONIO TX 78230**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **MGRM** ☐ Delete
 NAME **KEVIN S Hughes**
 STREET ADDRESS **7074 Deerhurst Ct**
 CITY-ST-ZIP **SAN DIEGO CA 92139**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **MGRM** ☐ Delete
 NAME **Kathy H. Tucker**
 STREET ADDRESS **1007 Tanglewood Dr**
 CITY-ST-ZIP **MANSFIELD TX 76063**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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: LOREEN A. HUGHES

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

7-8-02 (239) 332-0448

Date

Daytime Phone #

CR2E083 (4/02)