

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2002 8:00 am**  
**Secretary of State**

03-20-2002 90006 003 \*\*\*\*\*50.00

**DOCUMENT # L01000013216**

1. Entity Name

**BSK ENTERPRISES, LLC**

Principal Place of Business

**14933 YORKSHIRE RUN DRIVE  
 ORLANDO FL 32825**

Mailing Address

**14933 YORKSHIRE RUN DRIVE  
 ORLANDO FL 32825**

2. Principal Place of Business

**3075 HAMMOCK RD**

3. Mailing Address

**PO BOX 0321**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MIMS, FL**

City & State

**MIMS, FL**

Zip

**32754**

Country

**OREVARD**

Zip

**32754-0321**

Country

**OREVARD**

4. FEI Number

**59-3746735**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**FINANCIAL FOUNDATIONS, INC.  
 3150 SANDY RIDGE DRIVE  
 CLEARWATER FL 33761**

7. Name and Address of New Registered Agent

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

**William Krompegal SEC/TREAS**

**3/8/02**

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

TITLE **MGR** ☐ Delete  
 NAME **STACK-KROMPEGAL, BRENDA**  
 STREET ADDRESS **14933 YORKSHIRE RUN DRIVE**  
 CITY-ST-ZIP **ORLANDO FL 32825**

TITLE **MGR** ☐ Delete  
 NAME **KROMPEGAL, WILLIAM**  
 STREET ADDRESS **14933 YORKSHIRE RUN DRIVE**  
 CITY-ST-ZIP **ORLANDO FL 32825**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **3075 HAMMOCK RD**  
 CITY-ST-ZIP **MIMS, FL 32754**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **3075 HAMMOCK RD**  
 CITY-ST-ZIP **MIMS, FL 32754**

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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 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:

**William Krompegal SEC/TREAS**

**3/8/02**

**321-385-9359**

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

Date

Daytime Phone #

CR2E083 (9/01)

0027684