

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90687 043 ****50.00

0090517

DOCUMENT # L01000013216

1. Entity Name

BSK ENTERPRISES, LLC



Principal Place of Business

**3075 HAMMOCK RD
MIMS FL 32754**

Mailing Address

**P.O. BOX 0321
MIMS FL 32754**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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 **BRENDA STACK-KROMPEGAL**

Street Address (P.O. Box Number is Not Acceptable)

3075 HAMMOCK RD

City **MIMS**

FL

Zip Code

32754

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 **Brenda Stack-Krompegal**

BRENDA STACK-KROMPEGAL

4/30/03

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 Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **STACK-KROMPEGAL, BRENDA**
STREET ADDRESS **3075 HAMMOCK RD**
CITY-ST-ZIP **MIMS FL 32754**

TITLE **MGR** ☐ Delete
NAME **KROMPEGAL, WILLIAM**
STREET ADDRESS **3075 HAMMOCK RD**
CITY-ST-ZIP **MIMS FL 32754**

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 **PRESIDENT** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SECRETARY** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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** **WILLIAM KROMPEGAL / SECRETARY**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/30/03
Date

321-385-9359
Daytime Phone #

CR2E083 (10/02)