

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90103 013 *****50.00

DOCUMENT # L01000020513

1. Entity Name

UPSTART INDUSTRIES, L.L.C.



Principal Place of Business

**1130 E. DONEGAN AVE., SUITE 4
KISSIMMEE FL 34744
US**

Mailing Address

**P.O. BOX 453191
KISSIMMEE FL 34745
US**

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 **65-1158535**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KECK, JOSHUA C
2982 BOGGY CREEK RD.
KISSIMMEE FL 34744**

Name **JOSHUA C. KECK**

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

1130 E. DONEGAN AVE. SUITE #4

City **KISSIMMEE**

FL

Zip Code **34744**

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
NAME **KECK, JOSHUA C**
STREET ADDRESS **2982 BOGGY CREEK RD.**
CITY-ST-ZIP **KISSIMMEE FL 34544**

TITLE **MGRM** ☒ Change ☐ Addition
NAME **KECK, JOSHUA C.**
STREET ADDRESS **1130 E. DONEGAN AVE SUITE 4**
CITY-ST-ZIP **KISSIMMEE, FL 34744**

TITLE **MGRM** ☐ Delete
NAME **COMPTON, LAUREN**
STREET ADDRESS **1331 WOODCREST BLVD**
CITY-ST-ZIP **KISSIMMEE FL 34744**

TITLE **MGRM** ☒ Change ☐ Addition
NAME **KECK, LAUREN A.**
STREET ADDRESS **1130 E. DONEGAN AVE SUITE 4**
CITY-ST-ZIP **KISSIMMEE, FL 34744**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED
JOSHUA C. KECK

4/18/03

407-400-0991

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

Date

Daytime Phone #

CR2E083 (10/02)