

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Oct 03, 2002 8:00 am
Secretary of State

09-11-2002 90099 027 ****50.00

DOCUMENT # L01000020900

1. Entity Name

A-TEK FOUNDATIONS, L.L.C.

Principal Place of Business

**3921 N.W. 97TH BOULEVARD, SUITE 2
 GAINESVILLE FL 32606**

Mailing Address

**3921 N.W. 97TH BOULEVARD, SUITE 2
 GAINESVILLE FL 32606**

43536

2. Principal Place of Business

3921 NW 97th Blvd

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite 2

Suite, Apt. #, etc.

City & State

Gainesville

City & State

Florida

Zip

32606

Country

Ala

Zip

32606

Country

Am

4. FEI Number

59-3759108

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**LASH, ROBERT A ESQ.
 500 E. UNIVERSITY AVENUE, SUITE A
 GAINESVILLE FL 32601**

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. 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 NAME	3921 NW 97th Blvd Gainesville, FL 32606 FRANK GREEN, PRES	<input type="checkbox"/> Delete
TITLE NAME	Michael D Shannon, V-Pres 3921 NW 97th Blvd Gainesville, FL 32606	<input type="checkbox"/> Delete
TITLE NAME		<input type="checkbox"/> Delete
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CR2E083 (4/02)

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

8/29/02 352 331-8801

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #