

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90090 002 ****55.00

DOCUMENT # L02000002205

1. Entity Name

ALL TERRAIN OF FLORIDA, LLC



Principal Place of Business

**6753 GARDEN ROAD
SUITE 109
RIVIERA BEACH FL 33404
US**

Mailing Address

**6753 GARDEN ROAD
SUITE 109
RIVIERA BEACH FL 33404
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

02-0554637

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

20014100



6. Name and Address of Current Registered Agent

**WHIGHAM, FRANK C
200 W. FIRST STL
SUITE 200
SANFORD FL 32771**

7. Name and Address of New Registered Agent

Name **Todd J. Olson**

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

4065 Flex Circle N.

City **Palm Beach Gardens**

FL

Zip Code

33410

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

Todd J. Olson

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 **BURNEY, JAMES L SR.**
STREET ADDRESS **6753 GARDEN ROAD, SUITE 109**
CITY-ST-ZIP **RIVIERA BEACH FL 33404**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Change ☒ Addition
NAME **Todd J. Olson**
STREET ADDRESS **4065 Flex Circle N.**
CITY-ST-ZIP **Palm Beach Gardens FL 33410**

TITLE **MGR** ☐ Change ☒ Addition
NAME **Sharon L. Gillenwaters**
STREET ADDRESS **157 Janice Drive**
CITY-ST-ZIP **Hollister, FL 32147**

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

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

TITLE ☐ Change ☐ Addition
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

Sharon Gillenwaters 1/13/03 561-845-5025

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

Date

Daytime Phone #

CR2E083 (10/02)