

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000012505

1. Entity Name

A.T.E. HOLDINGS, L.L.C.



**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90578 032 \*\*\*\*50.00

Principal Place of Business  
1060 "A" ROAD  
LOXAHATCHEE FL 33470

Mailing Address  
1060 "A" ROAD  
LOXAHATCHEE FL 33470

2. Principal Place of Business  
P.O. Box 773

3. Mailing Address  
P.O. Box 773

Suite, Apt. #, etc.

City & State  
Loxahatchee FL

City & State  
Loxahatchee FL

Zip  
33470

Country

Zip  
33470

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number  
33-1007383

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
SOLAAS, VALERIE  
1060 "A" ROAD  
LOXAHATCHEE FL 33470

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 \_\_\_\_\_ (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	<input type="checkbox"/> Delete	TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLAAS, VALERIE		NAME	Solaas, Valerie	
STREET ADDRESS	1060 "A" ROAD		STREET ADDRESS	P.O. Box 773	
CITY-ST-ZIP	LOXAHATCHEE FL 33470		CITY-ST-ZIP	Loxahatchee, FL 33470	
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LESKO, LARRY A		NAME		
STREET ADDRESS	1515 S. FOXHALL DR.		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33417		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/29/03

Date

561-832-2844

Daytime Phone #

CR2E083 (10/02)

0057263