

FILED  
May 07, 2003 8:00 am  
Secretary of State

04-21-2003 90116 042 \*\*\*\*55.00

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000015480

1. Entity Name

ITASCA PROPERTIES, LLC



Principal Place of Business

4740 WEST HIGHWAY 90  
LAKE CITY FL 32055

Mailing Address

4740 WEST HIGHWAY 90  
LAKE CITY FL 32055

55038327



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

76-0701171

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CUA, JOE  
4740 WEST HIGHWAY 90  
LAKE CITY FL 32055

7. Name and Address of New Registered Agent

Name

JOHN SCHWAB

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

4740 WEST HWY 90

City

LAKE CITY

FL

Zip Code

32055

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

JOHN SCHWAB, PRES.

(NOTE: Registered Agent signature required when reinstating)

4/18/03

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President  
JOHN SCHWAB  
4740 HWY 90 W.  
LAKE CITY, FL 32055

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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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 808, Florida Statutes.

SIGNATURE:

JOHN SCHWAB, PRES.

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

4-18-03 386-719-7272

Date

Daytime Phone #

CR2E083 (10/02)