

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-10-2003 90004 002 ****50.00

DOCUMENT # L02000016573

1. Entity Name

DRK CONSULTANT, LLC



Principal Place of Business

**710 1ST AVENUE SW
LARGO FL 33770-3410**

Mailing Address

**710 1ST AVENUE SW
LARGO FL 33770-3410**

55003658



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

1380 GULF BLVD

Suite, Apt. #, etc.

407

City & State

CLEARWATER FL

Zip

33767

Country

PINEALAS

3. Mailing Address

1380 GULF BLVD

Suite, Apt. #, etc.

407

City & State

CLEARWATER FL

Zip

33767

Country

PINEALAS

4. FEI Number

72-1529438

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KNAUF, DONALD R.
710 1ST AVENUE SW
LARGO FL 33770-3410**

7. Name and Address of New Registered Agent

Name **D.R. KNAUF**

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

1380 GULF BLVD # 407

City **CLEARWATER**

FL

Zip Code **33767**

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]

D.R. KNAUF

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 **PRES.** ☐ Delete
NAME **D.R. KNAUF**
STREET ADDRESS **1380 GULF BLVD**
CITY-ST-ZIP **CLEARWATER, FL 33767**

10. ADDITIONS/CHANGES

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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)(f), 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**

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

Date

Daytime Phone #

CR2E083 (10/02)