

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 15, 2003 8:00 am**  
**Secretary of State**

01-15-2003 90049 022 \*\*\*\*50.00

**DOCUMENT # L02000022084**

1. Entity Name  
**OSKEE, L.L.C.**



Principal Place of Business  
**2888 NORTH OSPREY RIDGE  
LECANTO FL 34461**

Mailing Address  
**2888 NORTH OSPREY RIDGE  
LECANTO FL 34461**

200067673



2. Principal Place of Business

3. Mailing Address

**P.O. BOX 340275 TAMPA FL 33694**

Suite, Apt. #, etc.

**18936 MAISONS DRIVE**

Suite, Apt. #, etc.

**18936 MAISONS DRIVE**

City & State

**LUTZ FL.**

City & State

**LUTZ FL**

☒ CHECK HERE IF MAKING CHANGES

Zip

**33558**

Country

**USA**

Zip

**33558**

Country

**USA**

4. FEI Number

**03-0490507**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WELDON, LORI L  
2888 NORTH OSPREY RIDGE  
LECANTO FL 34461**

Name

**WELDON, LORI L.**

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

**18936 MAISONS DRIVE**

City

**LUTZ**

**FL**

Zip Code

**33558**

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

**1-8-03**

**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  
**MGRM  
WELDON, LORI L  
2888 NORTH OSPREY RIDGE  
LECANTO FL 34461** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
WILLIAM CASEY WELDON  
18936 MAISONS DRIVE  
LUTZ FL 33558** ☒ Change ☒ Addition  
LAST NAME

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
WELDON, LORI L.  
18936 MAISONS DRIVE  
LUTZ FL 33558** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
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☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
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☐ Delete

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

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**

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

Date

Daytime Phone #

**(813) 478-5290  
1-8-03 (813) 949-8857**

CR2E083 (10/02)