

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90017 017 ****50.00

DOCUMENT # L02000022625

1. Entity Name
ACCURATUM CONSULTING, LLC



Principal Place of Business
~~4317 AUSTON WAY~~ **36181 EAST LAKE**
PALM HARBOR FL 34685 ROAD #291
US

Mailing Address
~~4317 AUSTON WAY~~ **36181 EAST LAKE**
PALM HARBOR FL 34685 ROAD, #291
US



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
36181 EAST LAKE RD

3. Mailing Address
36181 EAST LAKE RD

Suite/Apt. #, etc.
291

Suite/Apt. #, etc.
291

City & State
PALM HARBOR, FL

City & State
PALM HARBOR, FL

4. FEI Number
51-0425123

Applied For
Not Applicable

Zip
34685

Country
US

Zip
34685

Country
US

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

KELLY, KEITH L
4317 AUSTON WAY
PALM HARBOR FL 34685

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 **Keith L Kelly**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2-23-03

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
KEITH KELLY
4317 AUSTON WAY
PALM HARBOR, FL 34685-4016

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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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: **KEITH KELLY** **REQUIRED** **KEITH KELLY** **2-23-03** **727 642-6494**

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

Date

Daytime Phone #

CR2E083 (10/02)