

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90037 007 \*\*\*\*50.00

0046135

**DOCUMENT # L02000024746**



1. Entity Name  
**FLEMING ISLAND TRAINING CENTER LLC**

Principal Place of Business

~~100 US HWY 17 SOUTH~~  
~~EAST PALATKA FL 32131~~

Mailing Address

~~100 US HWY 17 SOUTH~~  
~~EAST PALATKA FL 32131~~

2. Principal Place of Business

**1590 - 71 Island Lane**

3. Mailing Address

**1590 - 71 Island Lane**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**ORANGE PARK, Florida**

City & State

**ORANGE PARK, Florida**

Zip

**32003**

Country

**USA**

Zip

**32003**

Country

**USA**

6. Name and Address of Current Registered Agent

**ROSE, KEVIN W**

~~258 COUNTY ROAD 207A~~  
~~EAST PALATKA FL 32131~~

7. Name and Address of New Registered Agent

Name

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

**1590 Island Lane - Suite 71**

City

**ORANGE PARK**

**FL**

Zip Code

**32003**

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.

**KEVIN W. ROSE**

**4/15/03**

(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 **MANAGING MEMBER** ☐ Delete  
NAME **KEVIN W. ROSE**  
STREET ADDRESS **1590 - 71 Island Lane**  
CITY-ST-ZIP **ORANGE PARK, Florida 32003**

TITLE **ORANGE PARK, Florida** ☐ Delete  
NAME **32003**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: **Kevin W. Rose**

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

Date

Daytime Phone #

**4/15/03**

**904/278-5955**

CR2E083 (10/02)