

2001 UNIFORM BUSINESS REPORT (UBR)

0016713 AF

DOCUMENT # L94000000697

1. Entity Name
KEMMR, L.C.

FILED

01 APR -2 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1920 GUNN HIGHWAY
ODESSA FL 33556

Mailing Address
1920 GUNN HIGHWAY
ODESSA FL 33556



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3291538

Applied For
Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

MJH

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZIELSDORF, MATTHEW
1920 GUNN HIGHWAY
ODESSA FL 33556

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.

SIGNATURE

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 Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM ZIELSDORF, ROBERT L ☐ Delete
STREET ADDRESS 1608 PORT JEFFERSON RD
CITY-ST-ZIP SIDNEY OH 45365

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

TITLE NAME MGRM ZIELSDORF, FRANCES J ☐ Delete
STREET ADDRESS 1608 PORT JEFFERSON RD
CITY-ST-ZIP SIDNEY OH 45365

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

TITLE NAME ☐ Delete
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TITLE NAME ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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.

KEMMR, L.C.

SIGNATURE:

[Signature] TREASURER

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

3-7-01

Date

(932) 492-4158

Daytime Phone #

CR2E083 (11/00)