

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -2 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0002:98 AF

DOCUMENT # **L96000001339**

1. Entity Name
ANGELA DRESKA LIMITED COMPANY

Principal Place of Business
~~8021 FISHER ISLAND DRIVE
FISHER ISLAND FL 33109~~

Mailing Address
~~8021 FISHER ISLAND DRIVE
FISHER ISLAND FL 33109-1047~~

2. Principal Place of Business
1721 Flagler Manor Circle
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc. **← SAME**
City & State



DO NOT WRITE IN THIS SPACE

City & State
West Palm Beach, FL
Zip **33411-5111** Country **USA**

City & State
Zip Country

4. FEI Number **65-0734528** Applied For
Not Applicable
5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**MCCLUSKEY, ANGELA D
8021 FISHER ISLAND DRIVE
FISHER ISLAND FL 33109**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Same address
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 **Angela D. McCluskey**
Signature, typed or printed name of registered agent and title if applicable

4/25/00
DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
MGRM	MCCLUSKEY, ANGELA D	8021 FISHER ISLAND DR	FISHER ISLAND FL 33109	<input type="checkbox"/>
				<input type="checkbox"/>

*Please send receipt of filing to
M. Sheehan
P.O. Box 516
Bethel, CT 06801
Thank you!*

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		1721 Flagler Manor Circle	West Palm Beach, FL 33411-5111	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **Angela D. McCluskey**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/25/00
Date

(561) 784-9746
Daytime Phone #

CR2E083 (9/99)