

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAY -2 AM 11:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1721 Flagler Manor Circle  
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State  
West Palm Beach, FL

City & State

Zip 33411-5111 Country USA

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

4/25/00

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

TITLE NAME MGRM  
STREET ADDRESS MCCLUSKEY, ANGELA D  
CITY-ST-ZIP 8021 FISHER ISLAND DR  
FISHER ISLAND FL 33109

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
STREET ADDRESS  
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CITY-ST-ZIP

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME  
STREET ADDRESS 1721 Flagler Manor Circle  
CITY-ST-ZIP West Palm Beach, FL 33411-5111

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE 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: Angela D. McCluskey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/25/00

Date

(561) 784-9746

Daytime Phone #

0002198 AF

CR2E083 (9/99)