

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90592 032 ****50.00

DOCUMENT # L97000001062

1. Entity Name

KRM INVESTORS, L.C.

Principal Place of Business

~~6130 CURRY FORD ROAD, #159~~
~~ORLANDO FL 32822~~

Mailing Address

~~P.O. BOX 574635~~
~~ORLANDO FL 32857-4685~~

958017

2. Principal Place of Business

309 TAMPA AVE.

3. Mailing Address

309 TAMPA AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO FL.

City & State

ORLANDO FL.

Zip

32805

Country

ORANGE

Zip

32805

Country

ORANGE

4. FEI Number

59-3479489

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BERGLUND, MICHAEL A

~~6130 CURRY FORD ROAD, #159~~
 ORLANDO FL 32822

7. Name and Address of New Registered Agent

Name

BERBLUND MICHAEL A.

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

309 TAMPA AVENUE

City

ORLANDO

FL

Zip Code

32805

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-26-02

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 MGRM
 BERGLUND, KENNETH A
 1119 SUNSET DRIVE
 WAYNE NE 68787 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 MGRM
 BERGLUND, RUTH E
 1119 SUNSET DRIVE
 WAYNE NE 68787 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 MGRM
 BERGLUND, MICHAEL A
 6130 CURRY FORD ROAD #159
 ORLANDO FL 32822 ☐ Delete

TITLE
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 CITY-ST-ZIP
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10. ADDITIONS/CHANGES

TITLE
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☐ Change ☐ Addition

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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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-26-02 402-375-2911

Date Daytime Phone #

CR2E083 (9/01)