

# 2001 UNIFORM BUSINESS REPORT (UBR)

0033061 IN

**DOCUMENT #** L98000000688  
**1. Entity Name**  
 K & S FORMING, L.L.C.

FILED  
 01 MAY 14 PM 1:54  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**Principal Place of Business**  
 5845 JACARANDA DRIVE, SUITE C  
 MABLETON GA 30059

**Mailing Address**  
 5845 JACARANDA DRIVE, SUITE C  
 MABLETON GA 30059



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
 Suite, Apt. #, etc.

**3. Mailing Address**  
 Suite, Apt. #, etc.

**City & State**

**City & State**

**Zip** 30126 **Country**

**Zip** 30126 **Country**

**4. FEI Number** 65-0847841  
 Applied For  Not Applicable

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

**6. Name and Address of Current Registered Agent**  
 RITTER, KENNETH  
 173 LAGOON ROAD, S.E.  
 WINTER HAVEN FL 33884

**7. Name and Address of New Registered Agent**  
 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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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

9. MANAGING MEMBERS / MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SNIDER, JOHN J 5845 JACARANDA DRIVE, SUITE C MABLETON GA 30059 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SNIDER, PAMELA W 5845 JACARANDA DRIVE, SUITE C MABLETON GA 30059 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 -06/12/01-01072-011  
 \*\*\*\*\*50.00 \*\*\*\*\*50.00

**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:** *John J. Snider* **John J. Snider** 5/1/2001 4046991947  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)