

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90053 001 ****50.00

DOCUMENT # L98000001622

1. Entity Name
HISTORICAL ARTIFACTS MUSEUM, L.L.C.



Principal Place of Business **Mailing Address**
1400 BROADWAY BLVD., SOUTH EAST **1400 BROADWAY BLVD., SOUTH EAST**
POLK CITY FL 33868 **POLK CITY FL 33868**

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3511340**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~CORPORATION SERVICE COMPANY~~
~~1201 HAYS STREET~~
~~TALLAHASSEE FL 32301-2607~~

Name **Kermit Weeks**

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

1400 Broadway Blvd. SE

City **Polk City**

FL

Zip Code **33868**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MGR	<input type="checkbox"/> Delete
NAME	WEEKS, KERMIT	
STREET ADDRESS	1400 BROADWAY BLVD., SOUTH EAST	
CITY-ST-ZIP	POLK CITY FL 33868	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	KOUZNETSOV, VICTOR	
STREET ADDRESS	1400 BROADWAY BLVD., SOUTH EAST	
CITY-ST-ZIP	POLK CITY FL 33868	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	HEFLIN, TALMADGE	
STREET ADDRESS	7419 SOUTH KIRKWOOD, SUITE B-1	
CITY-ST-ZIP	HOUSTON TX 77072-3301	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

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

Date

Daytime Phone #

CR2E083 (10/02)