

2000 UNIFORM BUSINESS REPORT (UBR)

0002132 AF

DOCUMENT # L98000002150

1. Entity Name
KOECKRITZ ENTERPRISES, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR -1 PM 1:03

Principal Place of Business
1704-B PARK CENTRAL BOULEVARD, NORTH
POMPANO BEACH FL 33064

Mailing Address
1704-B PARK CENTRAL BOULEVARD, NORTH
POMPANO BEACH FL 33064-2222



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
12601 WESTLINKS DRIVE

3. Mailing Address

Suite, Apt. #, etc.
SUITE 5

Suite, Apt. #, etc.

City & State
FL. MYERS, FL

City & State

Zip
33913

Country
LEE

Zip

Country

4. FEI Number
65-0868780

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GUTTVEG, GARY B
1704-B PARK CENTRAL BOULEVARD, NORTH
POMPANO BEACH FL 33064

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 _____

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
KOECKRITZ ENTERPRISES, INC.
1704-B PARK CENTRAL BOULEVARD, NORTH
POMPANO BEACH FL 33064 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
rf 3/14/00

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

Date

Daytime Phone #

CR2E083 (9/99)