

10/2

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000002762**
1. Entity Name
1213 NORTH CENTRAL LTD LIABILITY INC

FILED
02 NOV -1 AM 9:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1213 N. CENTRAL AVE
Suite, Apt. #, etc.

3. Mailing Address
1213 N. CENTRAL AVE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
KISSIMMEE FL

City & State
KISSIMMEE FL

4. FEI Number
59-3579019

Applied For
Not Applicable

Zip
34741

Country
USA

Zip
34741

Country
USA

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
STEVEN LABRET

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

City
ORLANDO FL Zip Code
32801

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

DATE

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

000008756330
/01/02--01047--001 **55.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JAMES R. HACHEY JR. 3865 FOREST CIRCLE ST. CLOUD FL 34773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JAMES R + LINDA M HACHEY (By Entity) 3865 FOREST CIRCLE ST CLOUD, FL 34773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ELAINE M. HACHEY 3225 THUNDERCLOUD AVE KISSIMMEE FL 34746
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BSK
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E083B (12/01)

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]** **JAMES R. HACHEY JR** **10/30/02** **674-2283**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

L99000002762
10/30/02

TO: Division of Corporations
REGISTRATION SECTION
409 E. GAMES STREET
TALLAHASSEE, FL. 32399

FILED
NOV - 1 AM 9:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FROM: JAMES HACHAY
1213 NORTH CENTRAL LTD LIABILITY CO.
1213 NORTH CENTRAL AVE.
KISSIMMEE, FL. 34741

DEAR SIR/MADAM,

ENCLOSED IS MY CHECK FOR \$55.⁰⁰
\$50.⁰⁰ (UBR) and \$5.⁰⁰ FOR CERTIFICATE OF STATUS,
FOR 1213 NORTH CENTRAL LTD LIABILITY CO. INC.

WE HAVE YET TO RECEIVE OUR UNIFORM
BUSINESS REPORT FOR THIS YEAR. PLEASE ACCEPT
AND FORWARD OUR CERTIFICATE OF STATUS.

BEST REGARDS

James P. Hachay Jr.