

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004979

1. Entity Name
KUNZIG AND SALMONSON CONSTRUCTION LLC

APPROVED
AND
FILED

00 MAY -3 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1700 N. DIXIE HIGHWAY, SUITE 101
BOCA RATON FL 33432

Mailing Address
1700 N. DIXIE HIGHWAY, SUITE 101
BOCA RATON FL 33432-1807



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1700 N. DIXIE HIGHWAY
Suite, Apt. #, etc.
SUITE 125

3. Mailing Address
1700 N. DIXIE HIGHWAY
Suite, Apt. #, etc.
SUITE 125

City & State
BOCA RATON FL

City & State
BOCA RATON FL

4. FEI Number 65-0943493

Applied For
Not Applicable

Zip 33432 Country U.S.A.

Zip 33432 Country U.S.A.

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

SALMONSON, CHRIS R
1700 N. DIXIE HIGHWAY, SUITE 101
BOCA RATON FL 33432

Name CHRIS R. SALMONSON
Street Address (P.O. Box Number is Not Acceptable)
1700 N. DIXIE HIGHWAY
SUITE 125
City BOCA RATON FL Zip Code 33432

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 CHRIS R. SALMONSON 4/28/00
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 Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME MGRM
STREET ADDRESS FUEL AMERICA LLC
CITY-ST-ZIP 1700 N. DIXIE HIGHWAY, SUITE 101
BOCA RATON FL 33432 ☐ Delete

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME MGRM
STREET ADDRESS KUNZIG, FRANK
CITY-ST-ZIP 1700 N. DIXIE HIGHWAY, SUITE 101
BOCA RATON FL 33432 ☐ Delete

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

4/28/00 561-391-2309
Date Daytime Phone #

1006501 AF

FILED 1303 200