

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0018156

DOCUMENT # L9000001897

1. Entity Name

B.A.M. SERVICES, L.L.C.

**REINSTATEMENT 2003**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 OCT -9 PM 2:58

10/22

Principal Place of Business

Mailing Address

3125 CR 557 A  
POLK CITY FL 33868

3125 CR 557 A  
POLK CITY FL 33868

2. Principal Place of Business

3. Mailing Address

200 EL CAMINO DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#414

City & State

City & State  
Winter Haven, FL

4. FEI Number 59-3632101

Applied For  
Not Applicable

Zip

Country

Zip

33884

Country

USA

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

MCCLASKEY, MICHAEL  
3125 CR 557 A  
POLK CITY FL 33868

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

SIGNATURE

*Michael T. McClaskey*

(NOTE: Registered Agent signature required when reinstating)

DATE

10/5/03

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 24, 2003**

500023665945

10/09/03--01047--003 \*\*150.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
MCCLASKEY, MICHAEL A  
3125 CR 557 A  
POLK CITY FL 33868 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME  
STREET ADDRESS  
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:

*Michael T. McClaskey*

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

10/5/03 (863)287-6257

Date Daytime Phone #

0018156