

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000000457

1. Entity Name

COLORADO SPRINGS CONSTRUCTION LLC

Principal Place of Business

7 WATIA RD  
ALMOND NC 28702

Mailing Address

PO BOX 40  
ALMOND NC 28702

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

CLARK, WILLIAM A  
38423 WASHINGTON LOOP ROAD  
PUNTA GORDA FL 33982

7. Name and Address of New Registered Agent

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

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

TITLE NAME  
MGRM KIRKMAN, DON R  
STREET ADDRESS 36635 148TH AVE. SE  
CITY-ST-ZIP AUBURN WA 98092

TITLE NAME  
MGRM KIRKMAN, R. KREE  
STREET ADDRESS 411 LAKEWOOD CIRCLE, SUITE B102  
CITY-ST-ZIP COLORADO SPRINGS CO 80910

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
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CITY-ST-ZIP

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
STREET ADDRESS  
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CITY-ST-ZIP

TITLE 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:

*Don R. Kirkman*

Don R. Kirkman 2/28/01 828-488-9605

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

Date

Daytime Phone #

FILED

01 MAR -2 PM 12:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

84-1335056

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

CR2E083 (11/00)