

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001417

1. Entity Name

P & L RENOVATIONS, LLC

Principal Place of Business

714 WHITE ST., #5
KEY WEST FL 33040

Mailing Address

714 WHITE ST., #5
KEY WEST FL 33040

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG-16 AM 10:02



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1120 SEMINARY ST

Suite, Apt. #, etc.

3. Mailing Address

1120 SEMINARY ST

Suite, Apt. #, etc.

City & State

KEY WEST, FL

City & State

KEY WEST, FL

4. FEI Number

31-1637067

Applied For

Not Applicable

Zip

33040

Country

MONROE

Zip

33040

Country

MONROE

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KELLEY, ALBERT L
926 TRUMAN AVE.
KEY WEST FL 33040

7. Name and Address of New Registered Agent

Name

KINSELLA, PETER

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

1120 SEMINARY ST

City

KEY WEST

FL

Zip Code

33040

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

7/20/00

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME KINSELLA, PETER
STREET ADDRESS 1038 N STAFFORD ST.
CITY-ST-ZIP ARLINGTON VA

TITLE MGRM ☐ Delete
NAME BOWERS, LESTER
STREET ADDRESS 714 WHITE ST., #5
CITY-ST-ZIP KEY WEST FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ~~PRESIDENT~~ ☒ Change ☐ Addition
NAME
STREET ADDRESS 1120 SEMINARY ST
CITY-ST-ZIP KEY WEST, FL 33040

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1119 CATHERINE ST.
CITY-ST-ZIP KEY WEST FL 33040

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 500003368175--5
CITY-ST-ZIP -08/23/00--01021--007
*****55.00 *****55.00

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

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

TITLE ☐ Change ☐ Addition
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:

Peter Kinsella
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

7/20/00

Date

305-295-8535

Daytime Phone #

CR2E083 (5/00)