

2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)

**L02000004633**

DOCUMENT # L02000004633

1. Entity Name  
**LEO F. CHENEVERT & SON, LLC**

**EIN STATEMENT 2003**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 DEC 11 AM 9:41

12/19

Principal Place of Business Mailing Address  
1741 CASWELL ROAD PO BOX 1031  
DE FUNIAK SPRINGS FL 32433 DE FUNIAK SPRINGS FL 32435

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number  
**75-3010419**

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

**CHENEVERT, LEO F**  
1741 CASWELL ROAD  
DE FUNIAK SPRINGS FL 32433

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: *Leo Francis Chenevert* DATE: *12/7/03*

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Florida Department of State  
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR  
NAME CHENEVERT, LEO F  
STREET ADDRESS 1741 CASWELL ROAD  
CITY-ST-ZIP DE FUNIAK SPRINGS FL 32433

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
100025419271  
12/11/03--01019--035 \*\*150.00

TITLE MGR  
NAME CHENEVERT, DIANE F  
STREET ADDRESS 1741 CASWELL ROAD  
CITY-ST-ZIP DE FUNIAK SPRINGS FL 32433

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGR  
NAME CHENEVERT, HEATH L  
STREET ADDRESS HUNTINGTOWN VOLUNTEER FIRE DEPARTMENT  
CITY-ST-ZIP HUNTINGTOWN MD 20639

TITLE  
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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: *Leo Francis Chenevert* DATE: *12/7/03* 850 496-2424

**REINSTATEMENT**

2003

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CR2E083 (10/02)