

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90004 006 ****55.00

DOCUMENT # L02000013233

1. Entity Name

AMERICAN CONSULTING ENGINEERS OF FLORIDA, LLC



Principal Place of Business

**4111 LAND O'LAKES BLVD., STE. 310
LAND O'LAKES FL 34639**

Mailing Address

**4111 LAND O'LAKES BLVD., STE. 310
LAND O'LAKES FL 34639**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite 210

Suite, Apt. #, etc.

Suite 210

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-3682340

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**GIORDANO, JOHN N
220 S. FRANKLIN ST.
TAMPA FL 33602**

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

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 Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	NOVOTNY, JEFFREY S	
STREET ADDRESS	4111 LAND O'LAKES BLVD., STE. 310	
CITY-ST-ZIP	LAND O'LAKES FL 34639	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	KORPI, SCOTT M	
STREET ADDRESS	4111 LAND O'LAKES BLVD., STE. 310	
CITY-ST-ZIP	LAND O'LAKES FL 34639	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	FORRESTEL, RYAN R	
STREET ADDRESS	4111 LAND O'LAKES BLVD., STE. 310	
CITY-ST-ZIP	LAND O'LAKES FL 34639	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	MIRSON, BRIAN J	
STREET ADDRESS	4111 LAND O'LAKES BLVD., STE. 310	
CITY-ST-ZIP	LAND O'LAKES FL 34639	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	mGRm	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4111 Land O'lakes Blvd., Ste. 210	
CITY-ST-ZIP		
TITLE	mGRm	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4111 Land O'lakes Blvd., Ste. 210	
CITY-ST-ZIP		
TITLE	mGRm	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4111 Land O'lakes Blvd., Ste. 210	
CITY-ST-ZIP		
TITLE	mGRm	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4111 Land O'lakes Blvd., Ste. 210	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Jeffrey S. Novotny

2-20-03

813 996-2800

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

Date

Daytime Phone #

CR2E083 (10/02)