

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90206 010 ****50.00

DOCUMENT # L98000002429

1. Entity Name

AMERICA FIRST INVESTMENT AND CONSTRUCTION, L.C.

Principal Place of Business

**1332 NANCY DRIVE
TALLAHASSEE FL 32301**

Mailing Address

**1332 NANCY DRIVE
TALLAHASSEE FL 32301**

2. Principal Place of Business

3. Mailing Address

305 Forest Glen Ave. 305 Forest Glen Ave
Suite, Apt. #, etc. Suite, Apt. #, etc.
Lakeland, Florida

City & State

City & State

Zip

Country

Zip

Country

33813

FL

33813

FL

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEWIS & WHITE, L.C.
222 WEST GEORGIA STREET
TALLAHASSEE FL 32301**

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

Theodore S Aggelis
Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-26-02

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **AGGELIS, THEODORE S**
STREET ADDRESS **305 FOREST GLEN AVE.**
CITY-ST-ZIP **LAKELAND FL 33813**

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

TITLE **MGR** ☐ Delete
NAME **AGGELIS, ZOLA B**
STREET ADDRESS **305 FOREST GLEN AVENUE**
CITY-ST-ZIP **LAKELAND FL 33813**

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

TITLE **MGRM** ☐ Delete
NAME **WHITMAN, ANNA MARIA**
STREET ADDRESS **6104 CHRISTINA DRIVE WEST**
CITY-ST-ZIP **LAKELAND FL 33813**

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

TITLE **MGRM** ☐ Delete
NAME **AGGELIS, STEVEN L**
STREET ADDRESS **1332 NANCY DRIVE**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

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

4-26-02

Date

Daytime Phone #

**863
646-7887**

CR2E083 (9/01)