2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

CRR

FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90272 017 ****55.00

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DOCUMENT # L99000006872

1. Entity Name
TOTAL HOME IMPROVEMENT SERVICES, LLC

Principal Place of Business	Mailing Address
2587 BOTTOMRIDGE ~~RD~~ ORANGE PARK FL ~~32073~~	2587 BOTTOMRIDGE ~~RD~~ ORANGE PARK FL ~~32073~~

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. DRIVE		Suite, Apt. #, etc. DRIVE	
City & State		City & State	
Zip 32065	Country	Zip 32065	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number ~~NOT APPLICABLE~~ 59-3603983 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHILKE, WAYNE B
2587 BOTTOMRIDGE ~~ROAD~~
ORANGE PARK FL ~~32073~~

7. Name and Address of New Registered Agent

Name

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

DRIVE

City FL Zip Code 32065

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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHILKE, WAYNE B 2587 BOTTOMRIDGE ~~RD~~ ORANGE PARK FL ~~32073~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DRIVE 32065	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (10/02)

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: Wayne B. Schilke 4/29/03 904-272-3361
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #