

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 24, 2002 8:00 am**  
**Secretary of State**

02-24-2002 90006 032 \*\*\*150.00

**DOCUMENT # MO1000000483**

1. Entity Name  
**BBL CONSTRUCTION SERVICES, LLC**

Principal Place of Business <b>52 CORPORATE CIRCLE ALBANY NY 12203</b>	Mailing Address <b>52 CORPORATE CIRCLE ALBANY NY 12203</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>302 Washington Ave. Ext.</b>	3. Mailing Address <b>P.O. Box 12789</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Albany, NY</b>	City & State <b>Albany, NY</b>	4. FEI Number <b>14-1814573</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>12203</b>	Country <b>U.S.</b>	Zip <b>12212-2789</b>	Country <b>U.S.</b>

5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR BBL LLC 52 CORPORATE CIRCLE ALBANY NY 12203</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* **FBBDUPED** Authorized Agent  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E083 (9/01)