

2001 UNIFORM BUSINESS REPORT (UBR)

0025190 AF

DOCUMENT # L00000000841

1. Entity Name
CLADDING CONSULTING SERVICES, LLC

FILED *HL*
01 MAR 30 PM 2:31 *4/6*

Principal Place of Business
1443 S. CHICKASAW TRAIL
ORLANDO FL 32825

Mailing Address
1443 S. CHICKASAW TRAIL
ORLANDO FL 32825

SECRETARY OF STATE
TALLAHASSEE FLORIDA



2. Principal Place of Business
1409 Pinar Drive
Suite, Apt. #, etc.
Orlando, FL
City & State

3. Mailing Address
1409 Pinar Drive
Suite, Apt. #, etc.
Orlando, FL
City & State

DO NOT WRITE IN THIS SPACE

Zip *32825* Country *U.S.A.* Zip *32825* Country *U.S.A.*

4. FEI Number *59 3620307*
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAILEY, LILBURN R
20 NORTH EOLA DRIVE
ORLANDO FL 32801

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>MGR MOREHEAD, JAMES 1443 S. CHICKASAW TRAIL ORLANDO FL 32825</i>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>300003992873--1 -04/11/01--01108--004 *****50.00 *****50.00</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *James H. Morehead* *3/26/01* *407-877-8818*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # *8225*

CR2E083 (11/00)