

# 2001 UNIFORM BUSINESS REPORT (UBR)

0001718 AF

DOCUMENT # L00000001520

1. Entity Name

BIG CAT'S CUSTOM BUILDERS, LLC

FILED

01 APR 16 PM 9:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1865 WELLS RD., APT. 298  
ORANGE PARK FL 32073

1865 WELLS RD., APT. 298  
ORANGE PARK FL 32073

2. Principal Place of Business

3. Mailing Address

6001-30 Argyle Forest Blvd.

6001-30 Argyle Forest Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

# 363

# 363

City & State

City & State

Jacksonville FL

Jacksonville FL

Zip

Country

Zip

Country

32244

USA

32244

USA

4. FEI Number

59-3620975

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

ROSS, JOHN B

John B Moss

1530 BUSINESS CENTER DR., SUITE 4

ORANGE PARK FL 32073

(name was  
misspelled)

Name

John B Moss

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

600004036516-9

-04/20/01--01110--019

\*\*\*\*\*50.00 \*\*\*\*\*50.00

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE MGRM ☐ Delete  
NAME MOUHOURTIS, CHRIS  
STREET ADDRESS 1865 WELLS RD., APT. 298  
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE MGRM ☐ Change ☒ Addition  
NAME Frase, Paul  
STREET ADDRESS 1550 Beach Avenue  
CITY-ST-ZIP Atlantic Beach, FL 32233

TITLE MGRM ☒ Delete  
NAME SMEENGE, JOEL  
STREET ADDRESS 1600 NOTTINGHAM KNOLL DRIVE  
CITY-ST-ZIP JACKSONVILLE FL 32225

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

TITLE MGRM ☒ Delete  
NAME FORDHAM, TODD  
STREET ADDRESS 1600 NOTTINGHAM KNOLL DRIVE  
CITY-ST-ZIP JACKSONVILLE FL 32225

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

TITLE MGRM ☒ Delete  
NAME KELLER, PATRICK E  
STREET ADDRESS 985 LAKE ASBURY DRIVE  
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

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  
NAME  
STREET ADDRESS  
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, the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *John B Moss*

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

4-11-01

Date

Daytime Phone #

(904) 278-4602

CR2E083 (11/00)