2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000006063

1. Entity Name
PACIFIC CONSTRUCTION & DESIGN GROUP, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 MAR -7 PM 1:28

Principal Place of Business	Mailing Address

2. Principal Place of Business	3. Mailing Address
6728 Edgewater Commerce Parkway	6728 Edgewater Commerce Parkway
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Orlando, Florida	Orlando, Florida
Zip 32810 Country USA	Zip 32810 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3650735 ☐ 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
	Name: Michael Cragan
	Street Address (P.O. Box Number is Not Acceptable): 6728 Edgewater Commerce Parkway
	City: Orlando FL Zip Code: 32810

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 changing) DATE

[redacted]

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Michael Cragan 6728 Edgewater Commerce Pkwy Orlando, Fl. 32810	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 600003909296---4 -03/26/01--01086--002 *****55.00 *****55.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Rae Anne Campellone 6728 Edgewater Commerce Pkwy Orlando, Fl. 32810	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 3/7/01
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: _____ 3-7-01 407-648-4660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #