

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90088 012 \*\*\*\*55.00

**DOCUMENT # L00000008076**

1. Entity Name

**PRECISION ROOF TRUSSES, LLC**

Principal Place of Business

**209 N SEACREST BLVD  
 BOYNTON BEACH FL 33435**

Mailing Address

**209 N SEACREST BLVD  
 BOYNTON BEACH FL 33435**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1020635**

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

**MCGOEY, MICHAEL J  
 209 N SEACREST BLVD  
 BOYNTON BEACH FL 33435**

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

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 Department of State  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
 NAME **M** ☐ Delete  
**MICKELSON, SHELDON**  
 STREET ADDRESS  
**1060 SKEES ROAD**  
 CITY-ST-ZIP  
**WEST PALM BEACH FL 33411**

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

TITLE  
 NAME **M** ☐ Delete  
**MICKELSON, ANNETTE**  
 STREET ADDRESS  
**756 CINDY DRIVE**  
 CITY-ST-ZIP  
**WEST PALM BEACH FL 33414**

TITLE  
 NAME **M** ☒ Change ☐ Addition  
**MICKELSON, ANNETTE**  
 STREET ADDRESS  
**1060 SKEES RD**  
 CITY-ST-ZIP  
**WEST PALM BEACH FL 33411**

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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 CITY-ST-ZIP

TITLE  
 NAME ☐ Change ☐ Addition  
 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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

**SIGNATURE REQUIRED**

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

**4/18/02**

Date

**581-308-0863**

Daytime Phone #

CR2E083 (9/01)