

2001 UNIFORM BUSINESS REPORT (UBR)

0023137 AF

DOCUMENT # L00000010354

1. Entity Name
NEW JOB CONSTRUCTION SERVICES, LLC

FILED

01 APR 18 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
22 WEST MONUMENT AVENUE, SUITE 5
KISSIMMEE FL 32741

Mailing Address
22 WEST MONUMENT AVENUE, SUITE 5
KISSIMMEE FL 32741

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3667019

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

HODGES, GEORGE

250 SOUTH CR-427, SUITE 110

LONGWOOD FL 32750-5466

585 South CR-427

Suite 121

Longwood, Fl 32750-

5466

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

300004079033--6

-04/26/01--01010--008

*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

Member
Claudio Bertoni
13508 Lenner Drive
Orlando, Fl 32837

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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☐ 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:

SIGNATURE OF Claudio Bertoni

4/06/01

(407) 908-8533

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

Date

Daytime Phone #

CR2E083 (11/00)