

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

01 APR 27 PM 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # L00000010603

1. Entity Name
G.E.V. CONSTRUCTION, LLC

Principal Place of Business

8210 S.W. 26TH PLACE
DAVIE FL 33328

Mailing Address

8210 S.W. 26TH PLACE
DAVIE FL 33328

2. Principal Place of Business

8210 SW 26th Place

3. Mailing Address

8210 SW 26th Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DAVIE FLORIDA

City & State

DAVIE FLORIDA

4. FEL Number

65-1040592

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

VONNOH, GEORGE H
8210 S.W. 26TH PLACE
DAVIE FL 33328

7. Name and Address of New Registered Agent

Name WONE

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

CK# 75243338346

9. MANAGING MEMBERS / MEMBERS

TITLE President
NAME George Eugene Vonnoh Jr
STREET ADDRESS 8210 SW 26th Place
CITY-ST-ZIP DAVIE Florida 33328

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE
NAME 300004221813-2
STREET ADDRESS -05/17/01--01019--022
CITY-ST-ZIP *****50.00 *****50.00

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

Date

Daytime Phone #

CR2E083 (11/00)