

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 07, 2002 8:00 am
Secretary of State

08-07-2002 90171 003 ****50.00

DOCUMENT # L00000011109

1. Entity Name
V.I.P. CONSTRUCTION LLC

Principal Place of Business

3850 N.W. ROAD. #4
 LAKE WORTH FL 33461

Mailing Address

3850 N.W. ROAD. #4
 LAKE WORTH FL 33461

2. Principal Place of Business

4465 EVELYN PL.

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

LAKE WORTH FL.

City & State

4. FEI Number **65-1043638**

Applied For

Not Applicable

Zip

Country

Zip

Country

33463

U.S.

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

BLACKBURN, MARTIN

4465 EVELYN PL.

LAKE WORTH FL 33463

Name

SAME

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. I am familiar with, and accept the obligations of registered agent.

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 September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PRES
BLACKBURN, MARTIN
4465 EVELYN PL.
LAKE WORTH FL 33463

☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
MGR
MCCOY, MICHAEL
428 N.W. 35TH
BOCA RATON FL 33431

☐ Delete

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 CITY-ST-ZIP
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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: **MARTIN BLACKBURN**

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

July 26-02 561-716-3975

Daytime Phone #

CR2E083 (4/02)