

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90018 015 ****50.00

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DOCUMENT # L00000015116

1. Entity Name

CAG NUCLEAR, L.L.C.



Principal Place of Business

**1103 SW 2ND AVE.
GAINESVILLE FL 32601**

Mailing Address

**1103 SW 2ND AVE.
GAINESVILLE FL 32601**

2. Principal Place of Business

4645 NW 8TH AVENUE

3. Mailing Address

4645 NW 8TH AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
GAINESVILLE, FL

City & State
GAINESVILLE, FL

4. FEI Number **59-3698953**

Applied For

Not Applicable

Zip
32605

Country

Zip
32605

Country

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WALKER, GARY
100 S. ASHLEY DRIVE
SUITE 1500
TAMPA FL 33602**

7. Name and Address of New Registered Agent

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. 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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MEM
SILVERSTEIN, BURTON V
1103 SW 2ND AVE.
GAINESVILLE FL 32601** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**4645 NW 8TH AVENUE
GAINESVILLE, FL 32605** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MEM
DILLON, MICHAEL C
1103 SW 2ND AVE.
GAINESVILLE FL 32601** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**4645 NW 8TH AVENUE
GAINESVILLE, FL 32605** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MEM
ROARK, STEVEN F
1103 SW 2ND AVE.
GAINESVILLE FL 32601** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**4645 NW 8TH AVENUE
GAINESVILLE, FL 32605** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MEM
O'MEARA, JAMES J
1103 SW 2ND AVE.
GAINESVILLE FL 32601** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**4645 NW 8TH AVENUE
GAINESVILLE, FL 32605** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MEM
GROS, BERNARD J
1103 SW 2ND AVE.
GAINESVILLE FL 32601** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**4645 NW 8TH AVENUE
GAINESVILLE, FL 32605** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MEM
SMOCK, ANDREW L
4645 NW 8TH AVENUE
GAINESVILLE, FL 32605** ☐ 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: X

SIGNATURE REQUIRED

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

Date

Daytime Phone #

3/21/03 352 3751212

CR2E083 (10/02)