

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90222 001 ****55.00

DOCUMENT # L01000003198

1. Entity Name

NEHEMIAH CONSTRUCTION SERVICES, L.L.C.

Principal Place of Business

17333 SIMMONS RD.
 LUTZ FL 33549

Mailing Address

17333 SIMMONS RD.
 LUTZ FL 33549

2. Principal Place of Business

3820 NORTHDAL BLVD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

317A

City & State

TAMPA FL

City & State

Zip

33624

Country

USA

Zip

Country

4. FEI Number

59-3703446

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**PELHAM, ALLEN W
 17333 SIMMONS RD.
 LUTZ FL 33549**

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.

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGR
 PELHAM, ALLEN W
 17333 SIMMONS RD.
 LUTZ FL 33549** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGR
 YAROS, MICHAEL A
 16610 E. COURSE DR.
 TAMPA FL 33624** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGR
 HARVEY, DAVID E
 P.O. BOX 1236
 LUTZ FL 33548** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
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 CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

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

TITLE
 NAME
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 CITY-ST-ZIP
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 CITY-ST-ZIP
☐ 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/30/02

CR2E083 (9/01)

0034882