9/25/2002-90115-036-$5.00-$5.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000003469

1. Entity Name

E.D.C. CONSTRUCTION, L.C.

FILED

02 OCT -8 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1753 2ND ST NE WINTER HAVEN FL 33881	1753 2ND ST NE WINTER HAVEN FL 33881

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1757 2ND ST NE	1757 2ND ST N.E.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WINTER HAVEN FL	City & State: WINTER HAVEN FL.
Zip: 33881 Country: POLK	Zip: 33881 Country: POLK

4. FEI Number: 52-2316333 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CASEY, ALLAN L
395 AVE C NW
WINTER HAVEN FL 33881

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]

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE 7-2-02

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By September 25, 2002

900008312649--1
-10/10/02--01080--018
*****45.00 *****45.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	☐ Delete
NAME	CALHOUN, LEANDER JR	
STREET ADDRESS	1753 2ND ST NE	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

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

CR2E083 (4/02)

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] REQUIRED 7-2-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #