

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 24, 2002 8:00 am
Secretary of State

04-22-2002 90165 006 ****50.00

DOCUMENT # LD1000003563 ✓
1. Entity Name AMERICAN EARTH MOVERS, LLC

DO NOT WRITE IN THIS SPACE

86413

2. Principal Place of Business
3 COMMERCE BLVD
Suite, Apt. #, etc.

3. Mailing Address
SAME
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
PALM COAST FL
Zip
32164
Country
USA

City & State
Zip
Country

4. FEI Number
59-3709750
Applied For
 Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name
WILLIAM LUCIA
Street Address (P.O. Box Number is Not Acceptable)
3 COMMERCE BLVD
City
PALM COAST FL Zip Code
32164

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 William Lucia DATE 5-8-02
Signature, typed or printed name of registered agent and the fee if applicable.

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT/CEO WILLIAM LUCIA 3 COMMERCE BLVD PALM COAST, FL 32164</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>DWIGHT FOSTER VICE PRESIDENT/CFO 3 COMMERCE BLVD PALM COAST, FL 32164</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: Dwight Foster DATE 4-12-02 386-447-2995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #

CR2E083B (12/01)