

**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

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALM COAST FL

City & State

4. FEI Number

59-3709750

Applied For

Not Applicable

Zip

32164

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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  
Signature, typed or printed name of registered agent and fee if applicable

5-8-02

DATE

**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

PRESIDENT/CEO  
WILLIAM LUCIA  
3 COMMERCE BLVD  
PALM COAST, FL 32164

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

DWIGHT FOSTER  
VICE PRESIDENT/CFO  
3 COMMERCE BLVD  
PALM COAST, FL 32164

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

CR2E083B (12/01)

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  
Signature and typed or printed name of signing managing member, manager, or authorized representative

DWIGHT FOSTER

4-12-02

Date

386-447-2995

Daytime Phone #