

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 06, 2002 8:00 am
Secretary of State

07-23-2002 90343 028 ****50.00

DOCUMENT # L01000003851

1. Entity Name

PROFESSIONAL DECORATIVE CONCRETE SERVICES, L.L.C

Principal Place of Business

**3500 ALOMA AVENUE SUITE D-25
WINTER PARK FL 32792**

Mailing Address

**3500 ALOMA AVENUE SUITE D-25
WINTER PARK FL 32792**

2. Principal Place of Business

6869 Stapoint Ct.

Suite, Apt. #, etc.

Suite 115

City & State

Winter Park FL

Zip

32792

Country

USA

3. Mailing Address

6869 Stapoint Court

Suite, Apt. #, etc.

Suite 115

City & State

Winter Park FL

Zip

32792

Country

USA

4. FEI Number

59-3709835

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SMALLEY, WAYNE
1527 E. CONCORD STREET
ORLANDO FL 32803**

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 Department of State
Due By September 25, 2002**

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGR
RILEY, DAVE
657 CARRIGAN WOODS TRAILS
OVIEDO FL 32765**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGR
COLBURN, CHRISTIAN
2225 COBBLEFIELD CIRCLE
APOPKA FL 32703**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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:

REGISTERED AGENT

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

Date

Daytime Phone #

7/17/02 407-677-6267

CR2E083 (4/02)