

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 27, 2003 8:00 am
Secretary of State

08-27-2003 90057 039 *****55.00

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DOCUMENT # L01000005564

1. Entity Name

AMERICAN PRIDE BUILDING COMPANY, LLC



Principal Place of Business

2104 CAPE CORAL PKWY W
CAPE CORAL FL 33914
US

Mailing Address

2104 CAPE CORAL PKWY W
CAPE CORAL FL 33914
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **22-3793960**

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

ALLAN, ROSEANN
1615 ORCHID BLVD #101
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

Name **SAL ALLAN**
Street Address (P.O. Box Number is Not Acceptable)
2314 S.W. 32ND TERR.
City **CAPE CORAL** FL Zip Code **33914**

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)

8-25-03

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	MGRM	ALLAN, VIRGINIA	1753 FOUR MILE COVE CAPE CORAL FL 33990	<input type="checkbox"/> Delete			
	MGR	ALLAN, SAL	1615 ORCHID BLVD #101 CAPE CORAL FL 33904	<input checked="" type="checkbox"/> Delete			
	FINANCIAL OFFICER	ALEXANDRIA EICHELBERGER	5714 S.W. 1 ST COURT CAPE CORAL, FL 33914	<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			

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]*

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

8/25/03

DATE

239-541-9285

DAYTIME PHONE #

CR2E083 (4/03)