

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

0018569

**DOCUMENT # L01000005564**

1. Entity Name

**AMERICAN PRIDE BUILDING COMPANY, LLC**



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

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

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **22-3793960**

Applied For

Not Applicable

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

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. 38TH 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]*

**8-25-03**

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 Florida Department of State**  
**Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete  
NAME **ALLAN, VIRGINIA**  
STREET ADDRESS **1753 FOUR MILE COVE**  
CITY-ST-ZIP **CAPE CORAL FL 33990**

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

TITLE **MGR** ☒ Delete  
NAME **ALLAN, SAL**  
STREET ADDRESS **1615 ORCHID BLVD #101**  
CITY-ST-ZIP **CAPE CORAL FL 33904**

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

TITLE **ALEXANDRIA EICKELBERGER** ☐ Delete  
NAME **FINANCIAL OFFICER**  
STREET ADDRESS **5714 S.W. 1st COURT**  
CITY-ST-ZIP **CAPE CORAL FL 33914**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
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CITY-ST-ZIP

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

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)