

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State

05-08-2002 90072 030 ****50.00

DOCUMENT # L01000006012

1. Entity Name

CONSTRUCTION MANAGEMENT OF NORTHEAST FLORIDA, LL**C**

Principal Place of Business

6639 SOUTHPOINT PARKWAY
SUITE 101
JACKSONVILLE FL 32212

Mailing Address

6639 SOUTHPOINT PARKWAY
SUITE 101
JACKSONVILLE FL 32212

JUN 03 90654



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3713492

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PATTERSON BOND & LATSHAW P.A.
3010 SOUTH THIRD STREET
JACKSONVILLE BEACH FL 32212

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.

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 May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
NICHOLSON, W.B. JR.
6639 SOUTHPOINT PARKWAY
JACKSONVILLE FL 32212

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
DEHNE, CARL J
6639 SOUTHPOINT PARKWAY
JACKSONVILLE FL 32212

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
WILLIAMS, WALTER JR.
6639 SOUTHPOINT PARKWAY
JACKSONVILLE FL 32212

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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☐ 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:

W.B. Nicholson
W.B. NICHOLSON

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

4/25/02 **904-281-1990**
 Date Daytime Phone #

CR2E083 (9/01)