

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 26, 2003 8:00 am**  
**Secretary of State**

09-26-2003 90005 015 \*\*\*\*50.00

0016211

**DOCUMENT # L01000007162**

1. Entity Name

**JOE WHYTE CARPENTRY, LLC**



Principal Place of Business

Mailing Address

**39150 10TH AVENUE  
ZEPHYRHILLS FL 33940-4428**

**39150 10TH AVENUE  
ZEPHYRHILLS FL 33940-4428**

2. Principal Place of Business

**39150 10th Ave**

3. Mailing Address

**same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Zephyrhills, FL**

City & State

**same**

Zip

**33541**

Country

**USA**

Zip

Country

4. FEI Number **65-1108216**

Applied For

Not Applicable

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

**WHYTE, JOSEPH WILLIAM  
39150 10TH AVENUE  
ZEPHYRHILLS FL 33940-4428**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGRM  
WHYTE, JOSEPH W  
39150 10TH AVENUE  
ZEPHYRHILLS FL 33940-4428**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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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:**

**SIGNATURE REQUIRED**

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

Date

Daytime Phone #

**9-18-03 813782-8906**

CR2E083 (4/03)