

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000009821

FILED
May 01, 2003
Secretary of State

Entity Name: GREEN & CABRAL CONSTRUCTION SERVICE, LLC

Current Principal Place of Business:

6469 LONGLAKE DRIVE
PORT ORANGE, FL 32128

New Principal Place of Business:

Current Mailing Address:

725 HORSEMAN DRIVE
PORT ORANGE, FL 32127

New Mailing Address:

6469 LONGLAKE DRIVE
PORT ORANGE, FL 32128

FEI Number: 59-3725903

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WRIGHT, RANDY A CPA
535 SILVER BEACH AVENUE
DAYTONA BEACH, FL 32118 US

Name and Address of New Registered Agent:

WRIGHT, RANDY A CPA
1785 ARASH CIRCLE
PORT ORANGE, FL 32128 US

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:

05/01/2003

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: CABRAL, PHILLIP A
Address: 725 HORSEMAN DRIVE
City-St-Zip: PORT ORANGE, FL 32127

Title: MGRM () Delete
Name: GREEN, LANCE E
Address: 6469 LONGLAKE DRIVE
City-St-Zip: PORT ORANGE, FL 32127

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CABRAL, PHILLIP A
Address: 710 HAMMETT LANE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: MGRM (X) Change () Addition
Name: GREEN, LANCE E
Address: 6469 LONGLAKE DRIVE
City-St-Zip: PORT ORANGE, FL 32128

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: LANCE GREEN

MGR

05/01/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date