


FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90110 013 ****50.00

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

DOCUMENT # <u>201000010822</u>	
1. Entity Name <u>FLORIDA DEMOLITION LLC.</u> ✓	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>714 Glasgow Ct</u> Suite, Apt. #, etc. <u>Winter Springs</u> City & State <u>FLORIDA</u> Zip <u>32708</u>	3. Mailing Address <u>Same</u> Suite, Apt. #, etc. City & State Country <u>Seminole</u>
--	--

DO NOT WRITE IN THIS SPACE

4. FEI Number <u>59-371325</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name	<u>JULIANA BOROS</u>
	Street Address (P.O. Box Number is Not Acceptable)	<u>714 Glasgow Ct</u>
	City	<u>Winter Springs FL</u> Zip <u>32708</u>

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 Juliana Boros DATE 1-14-03

FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>JULIANA BOROS Managing member</u> <u>714 Glasgow Ct</u> <u>Winter Springs FL 32708</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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: Juliana Boros DATE 1-14-03 DAYTIME PHONE # 407-947-7164

CR2E083B (12/02)