

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000011660

1. Entity Name

MITCHELL EGAN CONSTRUCTION, LLC

Principal Place of Business

6396 115TH LANE NORTH
SEMINOLE FL 33772

Mailing Address

6396 115TH LANE NORTH
SEMINOLE FL 33772

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3733671

Applied For

Not Applicable

6. Name and Address of Current Registered Agent

EGAN, MITCHELL
6396 115TH LANE NORTH
SEMINOLE FL 33772

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

MGR
EGAN, MITCHELL
6396 115TH LANE NORTH
SEMINOLE FL 33772

Delete

TITLE
NAME
STREET ADDRESS
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.

Mitchell Egan REQUIRED

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



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)

4/20/02 727-400-5675
Daytime Phone #