

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90580 039 *****50.00

0043004

DOCUMENT # L01000014987

1. Entity Name

PLUMMER BROS. BUILDING & CONSTRUCTION, LLC



Principal Place of Business

**10075 SW GREENRIDGE LANE
PALM CITY FL 34990**

Mailing Address

**10075 SW GREENRIDGE LANE
PALM CITY FL 34990**

2. Principal Place of Business

3. Mailing Address

P.O. Box 2467

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Palm City, FL

Zip

Country

Zip

Country

34991

USA

4. FEI Number

65-1152416

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**PLUMMER, JEROME E
17564 NORTH STATE ROAD 7
BOCA RATON FL 33498**

7. Name and Address of New Registered Agent

Name

Jerome Plummer

Street Address (P.O. Box Number is Not Acceptable)

6352 Duckweed Road

City

Lake Worth

FL

Zip Code

33467

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

Jerome E Plummer
Signature, typed or printed name of registered agent and title if applicable.

Jerome Plummer **MGRM**

(NOTE: Registered Agent Signature required when reinstating)

4/30/03

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **PLUMMER, JEROME**
STREET ADDRESS **10075 SW GREENRIDGE LANE**
CITY-ST-ZIP **PALM CITY FL 34990**

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME **Plummer, Jerome**
STREET ADDRESS **6352 Duckweed Road**
CITY-ST-ZIP **Lake Worth, FL 33467**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

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

4/30/03

Date

772-463-6767

Daytime Phone #

CR2E083 (10/02)