

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVAL  
AND  
FILED

02 OCT 28 AM 11:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L01000018843

1. Entity Name

CONSTRUCTION ENGINEERING GROUP, LLC

Principal Place of Business

Mailing Address

1751 SARNO RD  
SUITE 5  
MELBOURNE FL 32935

1751 SARNO RD  
SUITE 5  
MELBOURNE FL 32935

2. Principal Place of Business

3. Mailing Address

760 NORTH DRIVE

760 NORTH DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

D SUITE E

SUITE E

City & State

City & State

MELBOURNE FL

MELBOURNE FL

Zip

Country

Zip

Country

32934 USA

32934 USA

4. FEI Number

59-3612506

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

ALLEY, DAVID  
1751 SARNO RD  
SUITE 5  
MELBOURNE FL 32935

Name

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

760 NORTH DRIVE  
SUITE E

City

MELBOURNE

FL

Zip Code

32934

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/31/02

DATE

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Department of State  
Due By September 25, 2002

B. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

| TITLE | NAME         | STREET ADDRESS           | CITY-ST-ZIP         | <input type="checkbox"/> Delete |
|-------|--------------|--------------------------|---------------------|---------------------------------|
| MGR   | DAVID ALLEY  | 760 NORTH DRIVE, SUITE E | MELBOURNE, FL 32934 | <input type="checkbox"/>        |
| MGR   | MITESH SMART | 760 NORTH DRIVE, SUITE E | MELBOURNE, FL 32934 | <input type="checkbox"/>        |
| MGR   | JAKE WISE    | 760 NORTH DRIVE, SUITE E | MELBOURNE, FL 32934 | <input type="checkbox"/>        |
|       |              |                          |                     | <input type="checkbox"/>        |
|       |              |                          |                     | <input type="checkbox"/>        |
|       |              |                          |                     | <input type="checkbox"/>        |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: DAVID ALLEY

8/31/02

(321) 253-1221

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

Date

Daytime Phone #

CR2E083 (4/02)