FILED Apr 09, 2002 8:00 am

Secretary of State

03-05-2002 90001 002 \*\*\*\*55.00

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # LQ1000019185

1. Entity Name

SIGNATURE:

## STEVE CASEAU RESIDENTIAL CONSTRUCTION LLC Mailing Address Principal Place of Business 7331 DEMENS DR SO. 7331 DEMENS OR SO. ST. PETERSBURG FL 33712 ST. PETERSBURG FL 33712 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3754041 Not Applicable Country Country \$5.00 Additional Zip 5.\_Certificate of Status Desired Fee Regulred 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CASEAU, STEVEN V Street Address (P.O. Box Number is Not Acceptable) 7331 DEMENS DR SO. ST. PETERSBURG FL 33712 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 alignature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. Steven V. Castan member change 98 Addition ☐ Deleta TITLE TITLE NAME NAME 7331 Demens Dr. S. CR2E083 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP st. Petersburg, FL 33712 CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-712 ☐ Dalette TITLE ☐ Change Addition ШΕ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME . STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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

2-10-02

Date

727)866-3944

Daytime Phone #