

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # L01000020011**

1. Entity Name

**HAZEN CONSTRUCTION, L.L.C.****FILED**  
**Sep 15, 2002 8:00 am**  
**Secretary of State**

09-15-2002 90089 024 \*\*\*\*55.00

0003020

Principal Place of Business

**438 CHAMPAGNE CIRCLE  
PORT ORANGE FL 32127**

Mailing Address

**438 CHAMPAGNE CIRCLE  
PORT ORANGE FL 32127**

DO NOT WRITE IN THIS SPACE

4. FEI Number

**01-0569979**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional  
Fee Required**6. Name and Address of Current Registered Agent****HAZEN, MARC  
438 CHAMPAGNE CIRCLE  
PORT ORANGE FL 32127****7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.

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 September 25, 2002****9. MANAGING MEMBERS/MANAGERS****10. ADDITIONS/CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM HAZEN, MARC 438 CHAMPAGNE CIRCLE PORT ORANGE FL 32127</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**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:****SIGNATURE REQUIRED**

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

Date

Daytime Phone #

**9-10-02 386-322-8700**

CR2E083 (4/02)