

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90091 046 ****55.00

DOCUMENT # L01000021483

1. Entity Name

MADER SOUTHEAST/FIREPROOFING, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

801 MARSHALL FARMS RD.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OCOE, FLORIDA

City & State

4. FEI Number

59-3761383

Applied For

Not Applicable

Zip

Country

34761

USA

Zip

Country

5. Certificate of Status Desired

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\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

RAILEY, LILBURNE, ESQ.

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

20 N. EOLA DRIVE

City

ORLANDO, F

FL

Zip Code
32801

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.

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
JOHNSON, THOMAS M
801 MARSHALL FARMS RD.
OCOE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
JOHNSON, THOMAS M JR
801 MARSHALL FARMS RD.
OCOE, FL 34761

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
MOREHEAD, JAMES
801 MARSHALL FARMS RD.
OCOE, FL 34761

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
CODDINGTON, JAMES C
801 MARSHALL FARMS RD.
OCOE, FL 34761

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S
JOHNSON, JEAN
801 MARSHALL FARMS RD.
OCOE, FL 34761

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Thomas M Johnson

THOMAS M JOHNSON, 4/4/02 (407)877-8818

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

Date

Daytime Phone #

CR2E083B (12/01)