

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2003 8:00 am
Secretary of State

01-09-2003 90201 028 ****50.00

DOCUMENT # L02000001445

1. Entity Name

CONSOLIDATED BUILDERS, LLC



Principal Place of Business

633 HWY 90 W
DEFUNIAK SPRINGS FL 32435

Mailing Address

633 HWY 90 W
DEFUNIAK SPRINGS FL 32435

2. Principal Place of Business

416 So Hwy 393

Suite, Apt. #, etc.

Bldg 3, Unit 1

City & State

Santa Rosa Bch, Fl.

Zip

32459

Country

Walter

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

01-0646208

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAVIS, MARK D

694 BALDWIN AVE

SUITE 1

DEFUNIAK SPRINGS FL 32435

7. Name and Address of New Registered Agent

Name

David White

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

416 So Hwy 393

Bldg 3, Unit 1

City

Santa Rosa Bch

FL

Zip Code

32459

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

David White

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

(NOTE: Registered Agent signature required when reinstating)

1-08-03

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 NAME ☐ DeleteDavid White
Route 1, Box 954
Defuniak Spgs, Fl. 32433TITLE NAME ☐ DeleteJohn Willis
8763 Rogers Bridge Rd
Duluth, Ga. 30097-2845TITLE NAME ☐ DeleteTITLE NAME ☐ DeleteTITLE NAME ☐ DeleteTITLE NAME ☐ DeleteTITLE NAME ☐ DeleteTITLE NAME ☐ DeleteTITLE NAME ☐ DeleteTITLE NAME ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ AdditionTITLE NAME ☐ Change ☐ AdditionTITLE NAME ☐ Change ☐ AdditionTITLE NAME ☐ Change ☐ AdditionTITLE NAME ☐ Change ☐ AdditionTITLE NAME ☐ Change ☐ AdditionTITLE NAME ☐ Change ☐ AdditionTITLE NAME ☐ Change ☐ AdditionTITLE NAME ☐ Change ☐ AdditionTITLE NAME ☐ Change ☐ AdditionTITLE NAME ☐ Change ☐ AdditionTITLE NAME ☐ Change ☐ Addition

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

1-08-03

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

Date

Daytime Phone #

CR2083 (10/02)