


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

FILED

2003 APR -9 PM 1:15

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

DOCUMENT # L02000002221 1. Entity Name <b>INTERNATIONAL BUILDING SYSTEMS, LLC</b>	
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**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>1182 E. Newport Center Dr.</b> Suite, Apt. #, etc.	3. Mailing Address <b>1182 E. Newport Center Dr.</b> Suite, Apt. #, etc.
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200015644082  
04/10/03--01041--013 \*\*50.00

DO NOT WRITE IN THIS SPACE

City & State <b>Deerfield Beach, FL</b>	City & State <b>Deerfield Beach, FL</b>	4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
Zip <b>33442</b>	Country <b>USA</b>	Zip <b>33442</b>	Country <b>USA</b>
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name	<b>Gary Rack</b>
Street Address (P.O. Box Number is Not Acceptable)	<b>1182 E. Newport Center Dr.</b>
City	<b>Deerfield Beach, FL</b>
Zip Code	<b>33442</b>

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 \_\_\_\_\_ DATE: **04/07/03**

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

**FEE IS \$50.00  
Make Check Payable to Florida Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR- SM Marketing of North Carolina, Inc. 1182 E. Newport Center Dr. Deerfield Beach, FL 33442</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E083B (12/02)

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.

**SM MARKETING OF NORTH CAROLINA, INC., Manager**

SIGNATURE: **Gary Rack, VP** Date: **04/07/03** 954-281-2100

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

Ruden, McClosky et. al.  
 Requester's Name

215 S. Monroe Street, Suite 815  
 Address

Tallahassee, FL                      412-2000  
 City/State/Zip                      Phone #

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DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. Annual Report Filing  
 (Corporation Name)                      (Document #)
2. \_\_\_\_\_  
 (Corporation Name)                      (Document #)
3. \_\_\_\_\_  
 (Corporation Name)                      (Document #)
4. \_\_\_\_\_  
 (Corporation Name)                      (Document #)

- Walk in                       Pick up time \_\_\_\_\_  
 Mail out                       Will wait                       Photocopy  
 Certified Copy                       Certificate of Status

RECEIVED  
 03 APR -9 AM 11:55  
 DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

**NEW FILINGS**

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

**AMENDMENTS**

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

**OTHER FILINGS**

- Annual Report
- Fictitious Name

**REGISTRATION/QUALIFICATION**

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

Examiner's Initials