2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0200002801

1. Entity Name

BILL SLOCUM-RESIDENTIAL BUILDER, LLC



FILED Jan 21, 2003 8:00 am Secretary of State 01-21-2003 90315 024 ****50.00

| Zip Country Zip Country S. Certificate of Status Desired S. S. 00 Address of Current Registered Agent S. Country S. Certificate of Status Desired See Required See Req | | | | | | | ~ | | | | | | |
|--|------------------------|------------------|-----------------------------|---------------------|-----------------------|----------------|-----------------|------------------------------|------------------|---------------------------|--------------|---------------|------------------|
| Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Cry & State Cty & State 4. FEI Number | 710 PINE RUN | DRIVE | ss | P.O. BOX 743 | | | | | | | | | |
| City & State Country Zip Country Zip Country S. Certificate of Status Desired S. Name and Address of New Registered Agent For Regulard For Regulard Street Address (P.O. Box Number is Not Acceptable) 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 a the obligations of registered agent. SiGNATURE Typicabus, typed or orbital rame of registered agent and title Lapsificable. (NOTE Registered Agent signature required when retroiting) Make Check Payable to Florida Department of State Due By May 1, 2003 Make Check Payable to Florida Department of State Due By May 1, 2003 Make Check Payable to Florida Department of State Due By May 1, 2003 Make Check Payable to Florida Department of State Due By May 1, 2003 Make Check Payable to Florida Department of State Due By May 1, 2003 Make Check Payable to Florida Department of State Due By May 1, 2003 Make Check Payable to Florida Department of State Due By May 1, 2003 Make Check Payable to Florida Department of State Due By May 1, 2003 Make Check Payable to Florida Department of State Due By May 1, 2003 Make Check Payable to Florida Department of State Due By May 1, 2003 Make Check Payable to Florida Department of State Due By May 1, 2003 DOTE THE MONTH THE THE THE THE THE THE THE THE THE T | 2. Principal P | Place of Busi | ness | J. Mailing Address | | | | | | | | | |
| Zip Country Zip Country S. Certificate of Status Desired S. 50.00 Address of Current Registered Agent S. Certificate of Status Desired See Required See R | Suite, Apt. | #, etc. | | Suite, Apt. #, etc. | | | | CHECK HERE IF MAKING CHANGES | | | | | |
| Special Country Special Co | City & Stat | e | | | City & State | | | | | | | | |
| BIALOCK, LANDERS, WALTERS & VOGLER, P.A. 802 11TH STREET WEST BRADENTON FL 34205 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 a the obligations of registered agent. SIGNATURE Signature | Zip | | Country | | Zip | Cour | itry | | | | | | |
| BILALOCK, LANDERS, WALTERS & VOGLER, P.A. 802 11TH STREET WEST BRADENTON FL 34205 City FL Zip Code C | | 6. Name | and Address of (| Current Reg | istered Agent | | | | 7. Name a | nd Address of New R | egistered A | gent | |
| 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 a the obligations of registered agent. SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE Make Check Payable to Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS/MANAGERS III.E Delete MAME SIRET ADDRESS CITY-SI-ZP TITLE MAME SIRET ADDRESS CITY-SI-ZP Delete TITLE MAME SIRET ADDRESS CITY-SI-ZP TITLE MAME SIRET ADDRESS CITY-SI-ZP Delete TITLE MAME SIRET ADDRESS CITY-SI-ZP Change JAME SIRET ADDRESS CITY-SI-ZP TITLE MAME SIRET ADDRESS CITY-SI-ZP Change JAME SIRET ADDRESS CITY-SI-ZP CHANGE CHANG | 802 | 11TH STR | eet west | S & VOGLE | ER, P.A. | | | ddress (P.0 | O. Box Num | ber is Not Acceptable |) | | |
| ### Change Street Agent Signature of registered agent and title if applicable (NOTE Registered Agent signature required when reinstalling) DATE FILE NOW!!! FEE IS \$50.00 | | | | | | City | | | | FL | Zip Cod | 9 | |
| Signature, typed or printed name of registered agent and site if applicable (NOTE: Registered Agent signature inculated when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES TITLE NAME | the obligat | | | ement for the | purpose of changing i | ts register | ed office or | registered | l agent, or b | ooth, in the State of Flo | rida. I am f | amiliar with, | and accept |
| Make Check Payable to Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES ITILE | SIGNATURE . | Signature, typed | or printed name of register | ered agent and titl | le if applicable. (NO | OTE: Registere | d Agent signatu | ure required wh | nen reinstating) | | DATE | | |
| TITLE | | | | | Make Check Paya | ble to Fl | orida Dep | partment | of State | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRES | 9. | | MANAGING | MEMBERS/ | MANAGERS | 10. | | | | ADDITIONS/ | CHANGES | | |
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| STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP Change A | | | | | ☐ Delete | _ | | 05 F | 12E4, | <u> </u> | 426 | | Addition |
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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.

OR AUTHORIZED REPRESENTATIVE

991-266-4639