

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2003 8:00 am**  
**Secretary of State**

05-20-2003 90027 004 \*\*\*\*50.00

**DOCUMENT # L02000003408**

1. Entity Name

**SHORE SIDE BUILDERS, LLC**



Principal Place of Business

**430 9TH AVENUE NORTH  
JACKSONVILLE BEACH FL 32250**

Mailing Address

**430 9TH AVENUE NORTH  
JACKSONVILLE BEACH FL 32250**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

**02-0570206**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**AHERN, FRED L JR.  
2215 SOUTH THIRD ST., STE. 101  
JACKSONVILLE BEACH FL 32250**

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 Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **Pres**  
NAME **Michael Scott James** ☐ Delete  
STREET ADDRESS **430 9th Ave N**  
CITY-ST-ZIP **Jax FL FL 32250**

TITLE **Vice Pres, Secretary, Treasurer**  
NAME **Richard Fleming Farmer** ☐ Delete  
STREET ADDRESS **641 9th Ave South**  
CITY-ST-ZIP **Sax. Beach FL 32250**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**  
**Richard Fleming Farmer** **Richard Fleming Farmer** **5/12/03** **904-813**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # **4890**

CR2E083 (10/02)

0002365

Attachment

10105416

#LD2000003408

Shoreside Builder's, LLC  
430 9<sup>th</sup> Avenue North  
Jacksonville Beach, Florida 32250  
904-509-0812

Limited Liability Company  
Division of Corporations  
P.O. Box 6478  
Tallahassee, Florida 32314-6478

To whom it may concern:

We are very sorry that Shoreside Builders was unable to make the May 1, 2003 deadline for our Uniform Business Report. The mistake was due to recent office renovations and misplacement of office paperwork. As per our conversation, we are writing in hopes of leniency towards the passed deadline fee. We send our sincerest apologies and hope this mistake can be overlooked just this one time. Enclosed is our UBR and the \$50.00 fee. If there is a problem, please contact us.

Sincerely,

M. Scott James  
President

Richard F. Farmer  
Vice President

