

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2003 8:00 am
Secretary of State

03-18-2003 90148 009 ****50.00

DOCUMENT # L02000005479

1. Entity Name

CORNERSTONE HOMES, LLC



Principal Place of Business

**4250 HIGHWAY AVENUE, UNIT 2
JACKSONVILLE FL 32254**

Mailing Address

**4250 HIGHWAY AVENUE, UNIT 2
JACKSONVILLE FL 32254**

2. Principal Place of Business

2947 Captiva Blue Rd
Suite, Apt. #, etc.

3. Mailing Address

2947 Captiva Blue Rd
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

Jacksonville FL

City & State

Jacksonville FL

4. FEI Number

75-3018321

Applied For

Not Applicable

Zip

32226

Country

FL

Zip

32226

Country

FL

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BRANT, ABRAHAM, REITER & MCCORMICK, P.A.
50 NORTH LAURA ST., STE. 2750
JACKSONVILLE FL 32202**

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 **President** ☐ Delete
NAME **Clifford Gray Jr.**
STREET ADDRESS **5632 Ortega Park Rd**
CITY-ST-ZIP **Jacksonville FL 32244**

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Clifford Gray Jr.

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

Date

Daytime Phone #

1-10-03

813-2867

CR2E083 (10/02)