

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000007745

1. Entity Name

CORAL CREST CONSTRUCTION, LLC.



FILED
Mar 11, 2003 8:00 am
Secretary of State

03-11-2003 90022 041 ****50.00



☒ CHECK HERE IF MAKING CHANGES

Principal Place of Business

1945 SE 37TH TERRACE
CAPE CORAL FL 33904

Mailing Address

1945 SE 37TH TERRACE
CAPE CORAL FL 33904

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

74-3038139

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~MCFARLAND, BILL ESQ~~
~~4712 SE 15TH AVE., STE. C~~
~~CAPE CORAL FL 33904~~

7. Name and Address of New Registered Agent

Name
SOUTHWEST PROFESSIONAL SERVICES OF SO. FL, INC
Street Address (P.O. Box Number is Not Acceptable)
13571 MC GREGOR BLVD
SUITE #22
City **FORT MYERS, FL** Zip Code **33912**

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 obligation of registered agent.

SIGNATURE *[Signature]* **PROS**

2/28/03

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 CEO	MGRM	<input type="checkbox"/> Delete
NAME	STARK, DONALD L	
STREET ADDRESS	4910 SORRENTO CT	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE P.D.	MGRM	<input type="checkbox"/> Delete
NAME	CHAMBERS, J. BRUCE	
STREET ADDRESS	1945 SE 37TH TERRACE	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/28/03 239-540-1436
Date Daytime Phone #

CR2E083 (10/02)