


FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90059 016 ****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000008128			
1. Entity Name COMPOSITES OF FLORIDA, LLC			
Principal Place of Business 1377 GENERAL AVIATION DRIVE MELBOURNE, FL 32935		Mailing Address 1377 GENERAL AVIATION DRIVE MELBOURNE, FL 32935	
2. Principal Place of Business <i>1377 General Aviation Dr</i>		3. Mailing Address <i>1377 General Aviation Dr</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Melbourne FL</i>		City & State <i>Melbourne FL</i>	
Zip <i>32935</i>	Country <i>Barbados</i>	Zip <i>32935</i>	Country <i>Barbados</i>
5. Name and Address of Current Registered Agent HALL, DAVID W 485 CARDINAL OAKS COURT LAKE MARY, FL 32746		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 _____ <small>Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when resigning) DATE</small>			
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 STREET ADDRESS CITY-ST-ZIP	MGR MCCOTTER, JAMES D 1377, GENERAL AVIATION DRIVE MELBOURNE, FL 32935 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____		_____ <i>James D McCotter 4/28/03 321/524111</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	

10102435



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number *81-0586344* ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

CR2003 (10/02)