

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90587 014 \*\*\*\*\*50.00

**DOCUMENT # L02000010407**

1. Entity Name

**PRIDELAND CUSTOM HOMES LLC**



Principal Place of Business

**8 D'ANGELO DRIVE  
WEBSTER NY 14580**

Mailing Address

**8 D'ANGELO DRIVE  
WEBSTER NY 14580**

2. Principal Place of Business

**7012 MERRICK LANE**

3. Mailing Address

**P.O. Box 26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**SPRINGHILL, FL**

City & State

**WEBSTER, NY**

Zip

**34606**

Country

**USA**

Zip

**14580**

Country

**USA**

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**D'ANGELO, FRANK  
7012 MERRICK LANE  
SPRINGHILL FL 34606**

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**

*check #2511*

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **MGRM**  
STREET ADDRESS **FRANK D'ANGELO**  
CITY-ST-ZIP **7012 MERRICK LANE**  
**SPRINGHILL, FL 34606**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*Managing member 4/28/03 585 872 7574*

CR2E083 (10/02)