

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 17, 2003 8:00 am**  
**Secretary of State**

01-17-2003 90218 017 \*\*\*\*55.00

**DOCUMENT # L02000012772**

1. Entity Name  
**JOE'S STRUCTURAL STEEL CHECKING SERVICE, L.L.C.**



Principal Place of Business  
**808 UPLAND DRIVE  
PORT ORANGE FL 32127**

Mailing Address  
**808 UPLAND DRIVE  
PORT ORANGE FL 32127**

**20011363**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**1853 CHORPASH LANE**

3. Mailing Address  
**1853 CHORPASH LANE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**PORT ORANGE, FL**

City & State  
**PORT ORANGE, FL**

4. FEI Number  
**51-0427521**

Applied For  
Not Applicable

Zip  
**32128** Country  
**VOLUSIA**

Zip  
**32128** Country  
**VOLUSIA**

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**FISTER, JOE JR  
808 UPLAND DRIVE  
PORT ORANGE FL 32127**

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**

**10. ADDITIONS/CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
JOSEPH C. FISTER SR  
1853 CHORPASH LANE  
PORT ORANGE, FL. 32128** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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: **Joseph C. Fister SR** (JOSEPH C FISTER SR) 1/8/03

**386-322-8382**

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

Date

Daytime Phone #

CR2E083 (10/02)