

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0000296

DOCUMENT # L02000015867

1. Entity Name

UNIVERSAL CONTRACTORS & MECHANICAL, L.L.C.



LC
10/07

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 SEP 29 PM 1:41

Principal Place of Business

ROUTE 6, BOX 323
LAKE CITY FL 32025

Mailing Address

ROUTE 6, BOX 323
LAKE CITY FL 32025

2. Principal Place of Business

1944 E. Duval St.

3. Mailing Address

PO Box 2861

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Lake City, FL

City & State
Lake City, FL

4. FEI Number 03-0470967

Applied For

Not Applicable

Zip
32055

Country
USA

Zip
32056

Country
USA

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

MANGRUM, DAVID E
ROUTE 6, BOX 323
LAKE CITY FL 32025

Name Joseph L. DuPree, Jr.

Street Address (P.O. Box Number is Not Acceptable)

1944 E. Duval St.

City Lake City

FL

Zip Code 32055

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 *J. L. DuPree*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9-26-03

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME MANGRUM, DAVID E
STREET ADDRESS ROUTE 6, BOX 323
CITY-ST-ZIP LAKE CITY FL 32025 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
300023399083
09/29/03--01048--012 **50.00

TITLE MGRM
NAME DUPREE, JOSEPH L. JR.
STREET ADDRESS ROUTE 13, BOX 598-7
CITY-ST-ZIP LAKE CITY FL 32025 ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
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: *J. L. DuPree* **SIGNATURE REQUIRED**

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

9-26-03

Date

386-754-5678

Daytime Phone #

CR2E083 (4/03)