

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 04, 2003 8:00 am
Secretary of State

08-04-2003 90098 017 ****55.00

DOCUMENT # L02000017487

1. Entity Name
MAXIM CONSTRUCTION, LLC.



Principal Place of Business Mailing Address
9153 CLEWISTON TERRACE 9153 CLEWISTON TERRACE
ENGLEWOOD FL 34224 ENGLEWOOD FL 34224
US US

70140044



2. Principal Place of Business 3. Mailing Address
43 LONG MEADOW LN. P.O. BOX 885
Suite, Apt. #, etc. Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State City & State 4. FEI Number Applied For
ROTONDA WEST, FL ENGLEWOOD, FL 510419056 Not Applicable
Zip Country Zip Country 5. Certificate of Status Desired \$5.00 Additional Fee Required
33947 USA 34295 USA

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
MOORE, LONNE Name **LONNE MOORE**
9153 CLEWISTON TERRACE Street Address (P.O. Box Number is Not Acceptable)
ENGLEWOOD FL 34224 **43 LONG MEADOW LN.**
City City **ROTONDA WEST FL** Zip Code **33947**

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]* **LONNE S. MOORE** DATE **7/30/03**
PRESIDENT
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		PRESIDENT - MGRM LONNE S. MOORE 43 LONG MEADOW LN. ROTONDA WEST, FL 33947	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		VICE PRESIDENT - MGRM HENRY E. MOORE 9153 CLEWISTON TERR. ENGLEWOOD, FL 34224	
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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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]* **LONNE S. MOORE** DATE **7/30/03** 941-697-8171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #

CR2E083 (4/03)