

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90235 023 \*\*\*\*50.00

0047566

**DOCUMENT # L02000019440**

1. Entity Name

**CONSTRUCTION INDUSTRY SERVICES, L.L.C.**



Principal Place of Business

Mailing Address

**10522 FAYE WAY  
TALLAHASSEE FL 32317**

**10522 FAYE WAY  
TALLAHASSEE FL 32317**

40009502

2. Principal Place of Business

**10522 FAYE WAY**

Suite, Apt. #, etc.

3. Mailing Address

**10522 FAYE WAY**

Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State

**TALLAHASSEE / FLORIDA**

Zip  
**32317**

Country

**USA**

City & State

**TALLAHASSEE / FLORIDA**

Zip

Country

4. FEI Number

**50-0004820**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MASSEY, JAMES D  
10522 FAYE WAY  
TALLAHASSEE FL 32317**

7. Name and Address of New Registered Agent

Name

**TODD A. MCGEE**

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

**10522 FAYE WAY**

City

**TALLAHASSEE**

**FL**

Zip Code

**32317**

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

*Todd A. McGee*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1/16/03**

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10.

ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
<b>PRESIDENT &amp; CEO</b>	<b>TODD A. MCGEE</b>	<b>10522 FAYE WAY</b>	<b>TALLAHASSEE, FLORIDA 32317</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>SECRETARY</b>	<b>GLORIA R. MASSEY-MCGEE</b>	<b>10522 FAYE WAY</b>	<b>TALLAHASSEE, FLORIDA 32317</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>TREASURER</b>	<b>JAMES D. MASSEY</b>	<b>10522 FAYE WAY</b>	<b>TALLAHASSEE, FLORIDA 32317</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E083 (10/02)

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:

*Todd A. McGee*  
**SIGNATURE REQUIRED**

**01/16/03**

**850.877.9805**

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

Date

Daytime Phone #