

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

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

10.

ADDITIONS/CHANGES

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

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 #

0047566

CR2E083 (10/02)