2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003
Secretary of State

DOCUMENT# L02000020547

Entity Name: LIFT SHIELD, LLC

Current Principal Place of Business:

1005 PINE BRANCH DRIVE
WESTON, FL 33326

New Principal Place of Business:

Current Mailing Address:

1005 PINE BRANCH DRIVE
WESTON, FL 33326

New Mailing Address:

FEI Number: 56-2287498 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FACENTE, JAMES T
1005 PINE BRANCH DRIVE
WESTON, FL 33326 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: FACENTE, JAMES T
Address: 1005 PINE BRANCH DRIVE
City-St-Zip: WESTON, FL 33326

Title: MGR ( ) Delete
Name: ABRAHAMSON, DENNIS C
Address: 2716 COVE VIEW DRIVE NORTH
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change ( ) Addition
Name: FACENTE, JAYME K
Address: 1005 PINE BRANCH DIRVE
City-St-Zip: WESTON, FL 33326

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JAMES T FACENTE MGR 03/27/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date