

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 15, 2003 8:00 am**  
**Secretary of State**

08-18-2003 90109 002 \*\*\*\*50.00

**DOCUMENT # L02000021116**

1. Entity Name

**PHASE 2 CONSTRUCTION, LLC**



Principal Place of Business

2409 NW 49TH LANE 9 F SOUTHPORT LANE  
BOCA RATON FL 33431 BOYNTON BEACH, FL 33436

Mailing Address

P.O. BOX 812368  
BOCA RATON FL 33481

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

81-0565281

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

THOMAS, RICARDO L

2409 NW 49TH LANE 9 F SOUTHPORT LANE  
BOCA RATON FL 33431 BOYNTON BEACH, FL 33436

7. Name and Address of New Registered Agent

Name

CHUCK THOMAS  
Street Address (P.O. Box Number Is Not Acceptable)

9 F SOUTHPORT LANE  
City BOYNTON BEACH FL Zip Code 33436

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

CHUCK THOMAS

(NOTE: Registered Agent signature required when reinstating)

8/13/03

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 P  
NAME CHUCK THOMAS  
STREET ADDRESS 9 F SOUTHPORT LANE  
CITY-ST-ZIP BOYNTON BEACH, FL 33436 ☐ Delete

TITLE VP  
NAME RICARDO THOMAS  
STREET ADDRESS 9 F SOUTHPORT LANE  
CITY-ST-ZIP BOYNTON BEACH, FL 33436 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

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)(f), 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:

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

8/13/03

DATE

561-736-7726

Daytime Phone #

CR2E083 (10/02)