2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000023384

1. Entity Name

F & G CONSTRUCTION LLC

Principal Place of Business	Mailing Address
25 FLEETWOOD DR PALM COAST FL 32137	BOX 351222 PALM COAST FL 32135

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip   Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip   Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 32-0031247   ☐ Applied For   ☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	**7. Name and Address of New Registered Agent**
GASDOW, MARY 447 SE 22 DR HOMESTEAD FL ~~33133~~ 33033	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 *Mary Gasdow*   2-22-2003

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   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	Delete	ADDITIONS / CHANGES	Change	Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	MGR FONTANA Construction Inc 25 FLEETWOOD DR Palm Coast FL 32137 MGR	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	MGRM MARY GASDOW 447 SE 22 DRIVE Homestead FL 33033	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	MGRM STANLEY GASDOW 447 SE 22 DRIVE Homestead FL 33033	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change	☐ Addition

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: *Mary Gasdow* MARY GASDOW Managing Member 2-22-2003 305-230-0490

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #