

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2003 8:00 am**  
**Secretary of State**

02-20-2003 90019 030 \*\*\*\*50.00

**DOCUMENT # L02000023704**

1. Entity Name

**OPUS CONSTRUCTION, L.L.C.**



Principal Place of Business

**1959 WATERFORD RIDGE ROAD  
FORT WALTON BEACH FL 32547**

Mailing Address

**1959 WATERFORD RIDGE ROAD  
FORT WALTON BEACH FL 32547**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FFI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MARK A. VIOLETTE, P.A.  
1241 AIRPORT ROAD  
SUITE D  
DESTIN FL 32541**

7. Name and Address of New Registered Agent

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
**M.G.R.M.  
Tommasone, Gerald R.  
1959 Waterford Ridge Road  
Fort Walton Beach FL 32547**

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

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CITY-ST-ZIP ☐ Delete

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)(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.

**Gerald R. Tommasone**

**SIGNATURE: [Signature]**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**1/2/03 518-356-5184**

Date

Daytime Phone #

CR2E083 (10/02)

Attachment

30037204

# 10 200003704

Form **SS-4**  
(Rev. December 2001)  
Department of the Treasury  
Internal Revenue Service

# Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN

OMB No. 1545-0003

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested  
**OPUS CONSTRUCTION, L.L.C.**

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name

4a Mailing address (room, apt., suite no. and street, or P.O. box)  
**1959 WATERFORD RIDGE ROAD**

5a Street address (if different) (Do not enter a P.O. box.)

4b City, state, and ZIP code  
**FORT WALTON BEACH, FLORIDA 32547**

5b City, state, and ZIP code

6 County and state where principal business is located  
**OKALOOSA, FLORIDA**

7a Name of principal officer, general partner, grantor, owner, or trustor  
**GERALD R. TOMMASONE**

7b SSN, ITIN, or EIN

**102-52-9600**

8a Type of entity (check only one box)

- ☐ Sole proprietor (SSN) \_\_\_\_\_  
☐ Partnership \_\_\_\_\_  
☐ Corporation (enter form number to be filed) ▶ \_\_\_\_\_  
☐ Personal service corp. \_\_\_\_\_  
☐ Church or church-controlled organization \_\_\_\_\_  
☐ Other nonprofit organization (specify) ▶ \_\_\_\_\_  
☒ Other (specify) ▶ **Limited Liability Company**

- ☐ Estate (SSN of decedent) \_\_\_\_\_  
☐ Plan administrator (SSN) \_\_\_\_\_  
☐ Trust (SSN of grantor) \_\_\_\_\_  
☐ National Guard ☐ State/local government  
☐ Farmers' cooperative ☐ Federal government/military  
☐ REMIC ☐ Indian tribal governments/enterprises  
 Group Exemption Number (GEN) ▶ \_\_\_\_\_

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State Foreign country

9 Reason for applying (check only one box)

- ☒ Started new business (specify type) ▶ **Construction Company**  
☐ Hired employees (Check the box and see line 12.)  
☐ Compliance with IRS withholding regulations  
☐ Other (specify) ▶ \_\_\_\_\_

- ☐ Banking purpose (specify purpose) ▶ \_\_\_\_\_  
☐ Changed type of organization (specify new type) ▶ \_\_\_\_\_  
☐ Purchased going business  
☐ Created a trust (specify type) ▶ \_\_\_\_\_  
☐ Created a pension plan (specify type) ▶ \_\_\_\_\_

10 Date business started or acquired (month, day, year)  
**September 11, 2002**

11 Closing month of accounting year  
**December**

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) \_\_\_\_\_

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "-0-".  
 Agricultural Household Other

14 Check one box that best describes the principal activity of your business:  
☒ Construction ☐ Rental & leasing ☐ Transportation & warehousing ☐ Health care & social assistance ☐ Wholesale-agent/broker  
☐ Real estate ☐ Manufacturing ☐ Finance & insurance ☐ Accommodation & food service ☐ Wholesale-other ☐ Retail  
☐ Other (specify) \_\_\_\_\_

15 Indicate principal line of merchandise sold: specific construction work done; products produced; or services provided.

16a Has the applicant ever applied for an employer identification number for this or any other business?  
 Note: If "Yes," please complete lines 16b and 16c. ☐ Yes ☒ No

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.  
 Legal name ▶ \_\_\_\_\_ Trade name ▶ \_\_\_\_\_

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.  
 Approximate date when filed (mo., day, year) City and state where filed Previous EIN.

Third Party Designee

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Designee's name  
**Mark A. Violette, Esq.**

Address and ZIP code  
**1241 Airport Road, Suite D**

Designee's telephone number (include area code)

( 850 ) 654-0068

Designee's fax number (include area code)

( 850 ) 654-8508

Applicant's telephone number (include area code)

( 518 ) 356-5184

Applicant's fax number (include area code)

( 518 ) 356-9659

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ▶ **GERALD TOMMASONE**

Signature ▶ *Gerald Tommasone*

Date ▶ **9/12/02**

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 18055N

Form **SS-4** (Rev. 12-2001)