

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000024569

1. Entity Name  
FLORIDA BUILDERS DIRECT, LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 OCT 27 PM 1:28

10/31

Principal Place of Business  
4601 EAST MOODY BLVD., STE. D-2  
BUNNELL FL 32110

Mailing Address  
4601 EAST MOODY BLVD., STE. D-2  
BUNNELL FL 32110



2. Principal Place of Business

3. Mailing Address

4601 E. Moody Blvd Ste D-8

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number

22-3874102

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HOOD, CHARLES D JR

444 SCABREEZE BLVD., STE. 900  
DAYTONA BEACH FL 32118

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

\$0.00

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State  
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR  
NAME LUMBERT, CHRISTOPHER  
STREET ADDRESS 4601 EAST MOODY BLVD., STE. D-2  
CITY-ST-ZIP BUNNELL FL 32110

TITLE VP. Booken  
NAME Peterin Christman  
STREET ADDRESS 4601 E. Moody Blvd  
CITY-ST-ZIP Bunnell, FL 32110

TITLE MGR  
NAME HENRIET H LUMBERT  
STREET ADDRESS 4601 E. Moody Blvd Ste D-2  
CITY-ST-ZIP Bunnell, FL (MEMBER)

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
900023367759  
09/26/03--01078--003 \*\*\$50.00

TITLE MGR  
NAME ERIC R LUMBERT  
STREET ADDRESS 4601 E. Moody Blvd Ste D-2  
CITY-ST-ZIP Bunnell, FL 32110

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME Christopher J L  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE OF REGISTERED AGENT Christopher J. Lumbert

9/25/03

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

Date

Daytime Phone #

CP2E083 (4/03)