

FILED  
Feb 24, 2003 8:00 am  
Secretary of State

02-06-2003 90024 035 \*\*\*\*55.00

2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)

2/6/

DOCUMENT # L02000028015

1. Entity Name

BUILDER'S CHOICE, LLC



Principal Place of Business

2111 SE 25 LANE  
CAPE CORAL FL 33904

Mailing Address

2111 SE 25 LANE  
CAPE CORAL FL 33904

2. Principal Place of Business

3459 B Technology Drive

3. Mailing Address

2111 SE 25th Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State  
Nokomis, FL

Zip  
34275

Country

City & State  
Cape Coral, FL

Zip  
33904

Country

4. FEI Number

52-2384420

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SQUIRES, DONALD

2111 SE 25 LANE  
CAPE CORAL FL 33904

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

*Donald Squires, Owner*  
Signature, typed or printed name of registered agent and use if applicable

(NOTE: Registered Agent signature required when reinstating)

2-4-03

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President  
Donald Squires  
2111 SE 25th lane  
Cape Coral, FL 33904

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

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☐ Change ☐ Addition

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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 606, Florida Statutes.

SIGNATURE:

*Donald Squires, Owner*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2-4-03

Date

941-488-1420

Daytime Phone #

CR2E083 (10/02)