

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90084 032 \*\*\*\*50.00

**DOCUMENT # L02000030269**

1. Entity Name

**A & M BUILDERS, L.L.C.**



Principal Place of Business

**15870 CR 565A  
CLERMONT FL 34711**

Mailing Address

**15870 CR 565A  
CLERMONT FL 34711**

2. Principal Place of Business

**15870 CR 565A**

3. Mailing Address

**15870 CR 565A**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**CLERMONT FL**

City & State

**CLERMONT FL**

City & State

**CLERMONT FL**

Zip

**34711**

Country

**USA**

Zip

**34711**

Country

**USA**

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**JONES, ALAN  
15870 COUNTY ROAD 565A  
CLERMONT FL 34711**

7. Name and Address of New Registered Agent

Name **JONES, ALAN**

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

**15870 County Road 565A**

City **CLERMONT FL 34711**

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

(NOTE: Registered Agent signature required when reinstating)

**4/25/03**  
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 **PRESIDENT** ☐ Delete  
NAME **ALAN JONES**  
STREET ADDRESS **15870 COUNTY ROAD 565A**  
CITY-ST-ZIP **CLERMONT FL 34711**

TITLE **SECRETARY/VP** ☐ Delete  
NAME **STEVEN MILLIGAN**  
STREET ADDRESS **2413 NIGHTINGALE LN.**  
CITY-ST-ZIP **KISSIMMEE FL 34746**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **N/A**

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

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

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

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

TITLE ☐ Change ☐ Addition  
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]* SIGNATURE REQUIRED

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

**4/25/03 407-468-8818**

Date

Daytime Phone #

CR2E083 (10/02)

0042483