

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90018 019 \*\*\*\*50.00

0035493

**DOCUMENT # L02000030564**

1. Entity Name

**JOHN OLDJA CONSTRUCTION, LLC**



Principal Place of Business

**211 ESTADO WAY N.E.  
ST. PETERSBURG FL 33704**

Mailing Address

**211 ESTADO WAY N.E.  
ST. PETERSBURG FL 33704**

2. Principal Place of Business

**2806 16TH ST N**

3. Mailing Address

**2806 16TH ST N**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**ST. PETE FL**

City & State

**ST. PETE FL**

4. FEI Number

**02-0653766**

Applied For

Not Applicable

Zip

**33704**

Country

**PIVELLAS**

Zip

**33704**

Country

**PIVELLAS**

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**OLDJA, JOHN  
211 ESTADO WAY N.E.  
ST. PETERSBURG FL 33704**

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

**3/24/03**

**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

**MGRM  
OLDJA, JOHN  
211 ESTADO WAY N.E.  
ST. PETERSBURG FL 33704**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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.

**SIGNATURE:**

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

Date

Daytime Phone #

**3/24/03**

CP2E083 (10/02)