

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000035112

FILED  
Apr 22, 2003  
Secretary of State

**Entity Name:** CONTECH CONSTRUCTION GROUP, LLC

**Current Principal Place of Business:**

7455 EAST COUNTRY HIGHLANDS DRIVE  
FLORAL CITY, FL 34436 US

**New Principal Place of Business:**

**Current Mailing Address:**

7455 EAST COUNTRY HIGHLANDS DRIVE  
FLORAL CITY, FL 34436 US

**New Mailing Address:**

**FEI Number:** 02-0660148

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

HOGAN, THOMAS S JR.  
20 S. BROAD STREET  
BROOKSVILLE, FL 34601 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

**Title:** MGR ( ) Delete  
**Name:** CECIL, GREGORY  
**Address:** 7455 EAST COUNTRY HIGHLANDS DRIVE  
**City-St-Zip:** FLORAL CITY, FL 34436 US

**Title:** MGR ( ) Delete  
**Name:** GRUBBS, GILLIE  
**Address:** 7455 EAST COUNTRY HIGHLANDS DRIVE  
**City-St-Zip:** FLORAL CITY, FL 34436 US

**ADDITIONS/CHANGES:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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:** GREGORY CECIL

MGR

04/22/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date