

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000001182

1. Entity Name  
DAMONE CONSTRUCTION OF FLORIDA, L.C.

Principal Place of Business  
4528 WEST VILLAGE DRIVE  
SUITE 200B  
TAMPA FL 33624

Mailing Address  
4528 WEST VILLAGE DRIVE  
SUITE 200B  
TAMPA FL 33624

FILED

01 FEB -7 AM 10:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3414901

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

BORREGARD, WILLIAM S  
4528 WEST VILLAGE DRIVE  
SUITE 200B  
TAMPA FL 33624

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.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM  
STREET ADDRESS DAMONE HOLDINGS, INC. ☐ Delete  
CITY-ST-ZIP 850 STEPHENSON HWY STE 200  
TROY MI 48083

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 300003677683--6  
CITY-ST-ZIP -02/13/01--01104--006  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME MGRM  
STREET ADDRESS DAMONE, MICHAEL G ☐ Delete  
CITY-ST-ZIP 1258 WATER CLIFF  
BLOOMFIELD MI 48302

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

TITLE NAME MGRM  
STREET ADDRESS DAMONE, MICHAEL J ☐ Delete  
CITY-ST-ZIP 2110 LAKESHIRE  
W. BLOOMFIELD MI 48033

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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: *Michael J. Damone*

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

Date

Daytime Phone #

Michael J. Damone 1/31/01

248-583-6020

CR2E083 (11/00)

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