

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000004773**

1. Entity Name

NATIONWIDE CONSTRUCTION SERVICES, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 28 AM 10:02

Principal Place of Business

1180 GULF BLVD., SUITE 1603
CLEARWATER FL 33767

Mailing Address

1180 GULF BLVD., SUITE 1603
CLEARWATER FL 33767

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

184 Eglin Pkwy NE Ste 9

City & State

Ft. Walton Beach, FL

Zip

32548

Country

OKaloosa

Suite, Apt. #, etc.

184 Eglin Pkwy NE Ste 9

City & State

Ft. Walton Beach, FL

Zip

32548

Country

OKaloosa

DO NOT WRITE IN THIS SPACE

4. FEI Number

36-4324255

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DILLON, PHILLIP M

**1180 GULF BLVD., SUITE 1603
CLEARWATER FL 33767**

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.

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/MANAGERS

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **DILLON, PHILLIP**
CITY-ST-ZIP **1180 GULF BLVD., SUITE 1603
CLEARWATER FL 33767**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

8-11-00

Date

Daytime Phone #

CP2E083 (5/00)