

# 2000 UNIFORM BUSINESS REPORT (UBR)

0000357 AF

DOCUMENT # L99000006217

1. Entity Name

SOUTHEAST TRENCHING TECHNOLOGIES, L.L.C.

FILED

00 MAR 23 PM 3: 18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 11511 PHILLIPS HWY SOUTH JACKSONVILLE FL 32256	Mailing Address 11511 PHILLIPS HWY SOUTH JACKSONVILLE FL 32256-1639
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2. Principal Place of Business 445 State Rd 13N, Ste 26 Suite, Apt. #, etc. PMB #189	3. Mailing Address 445 State Rd 13N, Ste 26 Suite, Apt. #, etc. PMB #189
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City & State JACKSONVILLE, FL	City & State JACKSONVILLE, FL
Zip 32259	Country

4. FEI Number 59-3602288	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION  
701 BRICKELL AVE., STE 3000  
MIAMI FL 33131

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 \_\_\_\_\_ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOCCHINO, WILLIAM M 11511 PHILLIPS HWY SOUTH JACKSONVILLE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	445 State Rd 13N, Ste 26, PMB #189 Jacksonville, FL 32259-3638
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE 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: William M Bocchino **SIGNATURE REQUIRED** 3/29/00 (904) 287-6000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (6/99)