

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006217

1. Entity Name

SOUTHEAST TRENCHING TECHNOLOGIES, L.L.C.

Principal Place of Business

445 STATE RD 13 N
STE 26 PMB 189
JACKSONVILLE FL 32259

Mailing Address

445 STATE RD 13 N
STE 26 PMB 189
JACKSONVILLE FL 32259

2. Principal Place of Business

12412 SAN JOSE BLVD

3. Mailing Address

12412 SAN JOSE BLVD

Suite, Apt. #, etc.

Suite 403

Suite, Apt. #, etc.

Suite 403

City & State

Jacksonville FL

City & State

Jacksonville FL

Zip

32223

Country

Zip

32223

Country

4. FEI Number

59-3602288

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$5.00 Additional Fee Required (2)

DO NOT WRITE IN THIS SPACE

FILED

01 JAN 26 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

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

TITLE NAME MGR BOCCHINO, WILLIAM M
STREET ADDRESS 445 STATE RD 13 N STE 26 PMB 189
CITY-ST-ZIP JACKSONVILLE FL 32259

Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE NAME
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CITY-ST-ZIP

Delete

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TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

10. ADDITIONS/CHANGES

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
400003602474
-01/30/01--01113--026
*****60.00 *****60.00

Change Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE NAME
STREET ADDRESS
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 #

CR2E083 (11/00)