

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L99000007153

FILED  
Apr 29, 2003  
Secretary of State

Entity Name: PROCON CONSTRUCTION SERVICES, LLC

**Current Principal Place of Business:**

2763 WEST ORCHARD CIRCLE  
DAVIE, FL 33328

**New Principal Place of Business:**

**Current Mailing Address:**

2763 WEST ORCHARD CIRCLE  
DAVIE, FL 33328

**New Mailing Address:**

FEI Number: 65-0957302

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WILSON, JAY  
2763 W ORCHARD CIRCLE  
DAVIE, FL 33328 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: WILSON, JAY R  
Address: 2763 WEST ORCHARD CIRCLE  
City-St-Zip: DAVIE, FL 33328

Title: MGR ( ) Delete  
Name: FELIX, JEFFREY  
Address: 2763 WEST ORCHARD CIRCLE  
City-St-Zip: DAVIE, FL 33328

Title: MGR ( ) Delete  
Name: OBERMAN, RAYMOND  
Address: 2763 WEST ORCHARD CIRCLE  
City-St-Zip: DAVIE, FL 33328

**ADDITIONS/CHANGES:**

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

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: JAY R WILSON

MR.

04/29/2003

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