

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0023067

DOCUMENT # M01000000826

1. Entity Name

CALIBER ENGINEERING CONSULTANTS, LLC



FILED

03 SEP 29 AM 9:11

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MM

Principal Place of Business

Mailing Address

4115 E. NORTH ST., STE. 102
GREENVILLE SC 29615

4115 E. NORTH ST., STE. 102
GREENVILLE SC 29615

2. Principal Place of Business

3. Mailing Address

750 Executive Center Drive

P.O. Box 27171

Suite, Apt. #, etc.

Suite 100

Suite, Apt. #, etc.

City & State

Greenville, SC

City & State

Greenville, SC

Zip

29615

Country

USA

Zip

29616

Country

USA



129 X

CHECK HERE IF MAKING CHANGES

FEI Number

56-2123101

Applied For

Not Applicable

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

PARALEGAL & ATTORNEY SERVICE BUREAU, INC.
1406 HAYS ST., STE. 2
TALLAHASSEE FL 32301

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME JOHNSON, GARY A P.E.
STREET ADDRESS 4115 E. NORTH ST., STE 102
CITY-ST-ZIP GREENVILLE SC 29615

TITLE
NAME
STREET ADDRESS 750 Executive Center Drive, Suite 100
CITY-ST-ZIP Greenville, SC 29615

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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]* GARY A. JOHNSON, PE

9/24/03 (864) 244-9238

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

Date

Daytime Phone #

CR2E083 (4/03)