

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90608 047 \*\*\*\*\*55.00

**DOCUMENT # MO1000002493**

1. Entity Name

**GRADE "A" EXCAVATING & HAULING SERVICES, LLC**



Principal Place of Business

**2089 S.E. AIRPORT ESTATE STREET  
ARCADIA FL 34266**

Mailing Address

**2089 S.E. AIRPORT ESTATE STREET  
ARCADIA FL 34266**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **88-0497547**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LINDSEY, PEGGY S  
2089 S.E. AIRPORT ESTATE STREET  
ARCADIA FL 34266**

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

*Peggy S Lindsey*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/2/03**

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGRM  
GRADIENT ENTERPRISES  
711 S. CARSON STREET, SUITE 4  
CARSON CITY NV 89701**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGRM  
GUSTI INVESTMENTS  
711 S. CARSON STREET, SUITE 4  
CARSON CITY NV 89701**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGR  
LINDSEY, JOHN  
2089 S.E. AIRPORT ESTATE STREET  
ARCADIA FL 34266**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGR  
LINDSEY, PEGGY  
2089 S.E. AIRPORT ESTATE STREET  
ARCADIA FL 34266**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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☐ Change ☐ Addition

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☐ Delete

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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:

*Peggy S Lindsey*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**4/2/03**

DATE

**8639932458**

DAYTIME PHONE #

CR2E083 (10/02)

0063617