

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2003 8:00 am**  
**Secretary of State**

02-14-2003 90064 024 \*\*\*\*50.00

**DOCUMENT # M98000001044**

1. Entity Name  
**AMEC CIVIL, LLC**



Principal Place of Business  
**11920 FAIRWAY LAKES DR.,  
SUITE 1, BLDG 1  
FORT MYERS FL 33913**

Mailing Address  
**11920 FAIRWAY LAKES DR.,  
SUITE 1, BLDG 1  
FORT MYERS FL 33913**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **52-2101784**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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 May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete  
NAME **MGRM**  
STREET ADDRESS **BECKER, MITCHELL W**  
CITY-ST-ZIP **3131 PRINCETON PIKE, BLDG. 5, STE 105  
LAWRENCEVILLE NJ 08648**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **11920 FAIRWAY LAKES DR, SUITE 1, BLDG. 1**  
CITY-ST-ZIP **FT MYERS, FL 33913**

TITLE ☐ Delete  
NAME **V**  
STREET ADDRESS **KELLY, RICHARD**  
CITY-ST-ZIP **11920 FAIRWAY LAKES DR., SUITE 1, BLDG. 1  
FORT MYERS FL 33913**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **S**  
STREET ADDRESS **ONNEMBO, JOHN D JR.**  
CITY-ST-ZIP **11920 FAIRWAY LAKES DR., SUITE 1, BLDG. 1  
FORT MYERS FL 33913**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME **T**  
STREET ADDRESS **KUBILUS, JOHN V**  
CITY-ST-ZIP **11920 FAIRWAY LAKES DR., SUITE 1, BLDG. 1  
FORT MYERS FL 33913**

TITLE ☐ Change ☒ Addition  
NAME **TREASURER**  
STREET ADDRESS **JOSEPH MANDILE**  
CITY-ST-ZIP **11920 FAIRWAY LAKES DR, SUITE 1, BLDG. 1  
FT MYERS FL 33913**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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:** *[Signature]* **NOTARIAL SIGNATURE REQUIRED**

*Treasurer 2/11/03*

Date

Daytime Phone #

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

CD02083 (10/02)