

2000 UNIFORM BUSINESS REPORT (UBR)

RECEIVED
AND
FILED

00 APR 30 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M99000000131**

1. Entity Name

RETLAW 100, LLC

Principal Place of Business

252 SOUTH PLEASANTBURG DRIVE, SUITE 5A
GREENVILLE SC 29607

Mailing Address

252 SOUTH PLEASANTBURG DRIVE, SUITE 5A
GREENVILLE SC 29607-2547

2. Principal Place of Business

220 N. Main Street

3. Mailing Address

P. O. Box 17859

Suite, Apt. #, etc.

Suite 200-B

Suite, Apt. #, etc.

City & State

Greenville, SC

City & State

Greenville, SC

4. FEI Number

57-1076647

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

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 Delete
MGR
RETLAW, INC.
STREET ADDRESS 252 SOUTH PLEASANTBURG DRIVE, SUITE 5A
CITY-ST-ZIP GREENVILLE SC 29607

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME Change Addition
STREET ADDRESS 220 N. Main Street, Suite 200-B
CITY-ST-ZIP Greenville, SC 29601

TITLE NAME Change Addition
200003258562--0
STREET ADDRESS -05/19/00--01010--005
CITY-ST-ZIP *****50.00 *****50.00

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
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:

Walter Brashier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

SIGNATURE REQUIRED Walter Brashier 04-28-00 864-271-7485

Date

Daytime Phone #

CR2E083 (9/99)