

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000005411

1. Entity Name

FRIDAY CONSTRUCTION, L.L.C.

Principal Place of Business

70 ADAMS STREET
MOBILE AL 36602

Mailing Address

70 ADAMS STREET
MOBILE AL 36602

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 SEP 27 AM 12:04



DO NOT WRITE IN THIS SPACE

4. FEI Number

58-2583043

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCGILL, ROBERT E III
36008 EMERALD COAST PARKWAY, SUITE 301
DESTIN FL

7. Name and Address of New Registered Agent

Name

N/A

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
Due By September 26, 2001

600004619276--5
-10/02/01--01002--008
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete
NAME *Mgr Member C Thurman Bell*
STREET ADDRESS *70 Adams St*
CITY-ST-ZIP *Mobile, AL 36602*

TITLE ☐ Delete
NAME *Mgr Member Michael Conniskey,*
STREET ADDRESS *P O Box 1446*
CITY-ST-ZIP *Pascagoula, MS 39568*

TITLE ☐ Delete
NAME *Mgr Member Jerry Silverstein*
STREET ADDRESS *2321 Airport Blvd*
CITY-ST-ZIP *Mobile, AL 36606*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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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: *C. Thurman Bell*

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

9/19/01

251-421-2116

STAPLE CHECK HERE

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