

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90685 027 \*\*\*\*50.00

**DOCUMENT # L02000031086**

1. Entity Name  
**SOGGYBOTTOM, LLC**



Principal Place of Business  
**1950 STONEGATE DR., STE. 250  
BIRMINGHAM AL 35242**

Mailing Address  
**1950 STONEGATE DR., STE. 250  
BIRMINGHAM AL 35242**

2. Principal Place of Business  
**3800 CORPORATE WOODS DR.**  
Suite, Apt. #, etc.  
**STE 100**

3. Mailing Address  
**3800 CORPORATE WOODS DR.**  
Suite, Apt. #, etc.  
**STE 100**

City & State  
**BIRMINGHAM, AL**

City & State  
**BIRMINGHAM, AL**

Zip Country  
**35242 USA**

Zip Country  
**35242 USA**

4. FEI Number  
**42-1570742**

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**

**NRAI SERVICES, INC.  
526 E. PARK AVE.  
TALLAHASSEE FL 32301**

**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. 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**

TITLE **JACK FIORELLA, III** ☐ Delete  
NAME **MEMBER**  
STREET ADDRESS **3800 CORPORATE WOODS DR STE 100**  
CITY-ST-ZIP **BIRMINGHAM, AL 35242**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
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CITY-ST-ZIP

**10. ADDITIONS/CHANGES**

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

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

TITLE ☐ Change ☐ Addition  
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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 REQUIRED**

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

**3-12-03**

Date

Daytime Phone #

CR2E083 (10/02)