

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L97000000338

1. Entity Name
PLH MFG. COMPANY, L.C.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
245 N. LANE AVENUE
JACKSONVILLE FL 32254

Mailing Address
245 N. LANE AVENUE
JACKSONVILLE FL 32254-2814



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3437643

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

DALE, BALD & ALTES, P.A.
200 WEST FORSYTH STREET
SUITE 1100
JACKSONVILLE FL 32202

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

10. ADDITIONS / CHANGES

TITLE MEM ☐ Delete
NAME TURNER, RUSSELL E
STREET ADDRESS 245 N LANE AVENUE
CITY- ST- ZIP JACKSONVILLE FL 32254

TANNER, RUSSELL E ☒ Change ☐ Addition

TITLE MEM ☐ Delete
NAME INTERNATIONAL RESOURCES GROUP, L.L.C.
STREET ADDRESS 121 S MERAMEC, SUITE 1008
CITY- ST- ZIP ST LOUIS MO 63105

600003219636--6
04/24/00-01026-018
*****50.00 *****50.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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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:

RUSSELL E TANNER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

(904) 695-9880

Daytime Phone #

CR2E083 (9/99)