

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 18, 2002 8:00 am**  
**Secretary of State**

02-18-2002 90183 019 \*\*\*\*50.00

**DOCUMENT # L97000000338**

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

**Principal Place of Business**

**245 N. LANE AVENUE  
 JACKSONVILLE FL 32254**

**Mailing Address**

**245 N. LANE AVENUE  
 JACKSONVILLE FL 32254**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number 59-3437643**

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**

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00  
 Make Check Payable to Department of State  
 Due By May 1, 2002**

**9. MANAGING MEMBERS / MANAGERS**

**10. ADDITIONS / CHANGES**

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

**TITLE** MGRM ☒ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**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**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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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, MANAGER, OR AUTHORIZED REPRESENTATIVE**

**1-18-02 (904) 695-9880**

Date

Daytime Phone #

CR2E083 (9/01)