

# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # L99000000562**  
**1. Entity Name**  
**AMERICAN EQUITIES-LEESBURG MANUFACTURING, LLC**

**FILED**

**01 FEB 15 PM 12:27**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

**Principal Place of Business**  
**4151 ASHFORD DUNWOODY RD., SUITE 501**  
**ATLANTA GA 30319**

**Mailing Address**  
**4151 ASHFORD DUNWOODY RD., SUITE 501**  
**ATLANTA GA 30319**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** **58-2447320**

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**

**PULLUM, J. STEPHEN**  
**1330 W. CITIZENS BLVD., SUITE 701**  
**LEESBURG FL 34748**

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**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**MGRM**  
**WOOLDRIDGE, RAYMOND A**  
**4151 ASHFORD DUNWOODY RD., SUITE 501**  
**ATLANTA GA 30319** ☐ Delete

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

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

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Change ☐ Addition  
**9000003742649-2**  
**-02/20/01--01039--003**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

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

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

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**CITY-ST-ZIP** ☐ Change ☐ Addition

**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**

*Raymond Wooldridge*

*Raymond Wooldridge*

Date

*2/6/01*

Daytime Phone #

*770-353-5100*

CR2E083 (11/00)